

<!--Volunteer – Application (Mail or Fax) Word count →

SHIP volunteers are respected and appreciated as essential partners who provide a positive influence in the lives of individuals with mental illness. Thank you for taking the time to fill out this application.

SHIP Volunteer Application Form

Name _____ please print clearly)

Street Address _____

City _____ Postal Code _____

Home Phone (____)____-____ Office Phone (____)____-____

May we contact you at work? Yes No

Fax (____)____-____ Email Address _____

Male Female Age: 14-18 19-29 30-54 55+

I am available: (Check as many as apply and indicate your preferred times)

days during the week (specify days) _____ (specify hours) _____

evenings during the week (specify days) _____ (specify hours) _____

weekends (specify days) _____ (specify hours) _____

I have a valid driver's license: Yes No

I heard about SHIP through: a friend a client an advertisement

Volunteer Centre Other (specify) _____

Why do you want to volunteer with SHIP? (Feel free to use the reverse side of this form if you wish.)

Signature _____ Date _____