



Supportive Housing In Peel

Volunteer Application Form: Part One – Getting Acquainted

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) _____ (hours) _____

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

Weekends (specify days) _____ (hours) _____

I have a valid driver's license: Yes No

I have a car and would be willing to drive clients: Yes No

I heard about SHIP through:

a friend a client an advertisement/poster 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 _____

Supportive Housing In Peel

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