

CAPUCHIN OUTREACH TO THE POOR VOLUNTEER APPLICATION ST. FRANCIS TABLE & ST. CLARE CENTRE

Name: _____
Address: _____
City: _____ Postal Code: _____
Phone No's: Res () _____ Work: () _____ Ext. _____
E-mail: _____@_____

Briefly state why you would like to volunteer with us:

Please share with us any experience, skills or interests which you have that you would like to share here at St. Francis Table or St. Clare Centre:

Reference: (If possible, your priest, minister, rabbi or teacher)

Name: _____
Address: _____
City: _____ Postal Code: _____
Phone No's: Res () _____ Work: () _____ Ext. _____

Emergency Contact: (Who should be contacted in the event of an emergency)

Name: _____
Address: _____
City: _____ Postal Code: _____
Phone No's: Res () _____ Work: () _____ Ext. _____

Volunteer Hours - Please check your preference(s)

Monday: _____ 03:00pm - 07:00pm
Tuesday: 10:00am - 02:00pm and/or 03:00pm - 07:00pm
Wednesday: 10:00am - 02:00pm and/or 03:00pm - 07:00pm
Thursday: 10:00am - 02:00pm and/or 03:00pm - 07:00pm
Friday: 10:00am - 02:30pm
Saturday: CLOSED
Sunday: 10:00am - 02:30pm

Students please note that the legal age for volunteering without a supervisor present is 18 years of age

We do not participate in the Ontario Works Program

Please allow 2 - 4 weeks for your application to be processed

Signature: _____ Date: ___/___/20___
Day Month