



Goshen Renewal Ministries

PO Box 43509 RPO Lower James
Hamilton, ON
L8P 4X5

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityProvincePostal Code

Phone: _____ Email _____

Social Insurance No.: _____

Position Applied for: _____

Availibility

Day of the Week	Times (from when to when)	Special notes
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

How much time on those days are you available?

Tell us which areas you are interested in volunteering?

- computer work/administration
- education
- fundraising events
- woodworking
- handyman work
- counseling
- kitchen/meal prep
- driving/pickups
- other

Special skills or qualifications?

Anything further we should know about you?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

All volunteers will produce a Criminal Record check, including vulnerable sector check

All volunteers agree to a high level of confidentiality regarding our clients and residents and the sensitive nature of this ministry.

Signature: _____ Date: _____