



Women & Children Social Networking WNC-SN

3034 Palstan Rd, Unit 305, Mississauga, ON, L4Y 2Z6

Tel: 289-521-5313 Web: www.wnc-sn.ca Email: volunteer@wnc-sn.ca

Student Volunteer Application

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Cell: _____

Email: _____ Date of Birth (mm/dd/yyyy) _____

Educational Background (please attach resume if available)

High School: _____ Grade: _____ University _____ Year: _____

Language Spoken (please circle all that apply)

English Arabic French other _____

Are there any physical limitations to your activities, which would govern the type of assignment given?

Running Walking other _____

How did you hear about the Volunteer Program? Volunteer service required (based on vacancy)



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Availability (check all appropriate boxes)

Summer Hours

MON Morning	TUES Morning	WED Morning	THURS Morning	FRI Morning	SAT Morning
MON Afternoon	TUES Afternoon	WED Afternoon	THURS Afternoon	FRI Afternoon	SAT Afternoon
MON Evening	TUES Evening	WED Evening	THURS Evening	FRI Evening	SAT Evening

School Hours

MON Afternoon	TUES Afternoon	WED Afternoon	THURS Afternoon	FRI Afternoon	SAT Morning
MON Evening	TUES Evening	WED Evening	THURS Evening	FRI Evening	SAT Afternoon

Student Name _____ **or** Parent/Guardian Name _____

Home Phone: _____ Cell: _____ Work: _____



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For completion by Parent or Guardian of student(s) below the age of 18 years:

My daughter/son _____ has my consent to serve as a volunteer at Women & Children Social Networking.

Signature: _____ **Date:** _____

I _____ accept the responsibility to maintain my knowledge/understanding of my volunteer role and remain current on emergency code procedures. I commit to participating in training and evaluation activities. I have been informed that I am entering into a "professional relationship" with Women & Children Social Networking organization.

In the event that my volunteer involvement is not well-suited with Women and Children Social Networking requests, then the decision of the President/ Director will be final.

Signature: _____ **Date:** _____

*Please submit your completed volunteer application form to **volunteer@wnc-sn.ca** and **valda.robertson@wnc-sn.ca** or in-person at our office.*

Our Policy

It is the policy of Women & Children Social Networking WNC-SN to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.