



WHIWH CHC VOLUNTEER APPLICATION FORM

First Name: _____

Last Name: _____

Address: _____

City: _____ Postal Code: _____

Email address: _____

Phone number: _____ okay to leave a message? Yes No

Are you 16 years of age or older? Yes No

How are you connected to WHIWH CHC? : I am a Client

I identify as a member of the priority population

Other Please explain _____

Please tick the box that applies to you

Student Employed Searching for Employment Other _____

Please indicate why you would like to volunteer with WHIWH

What role(s) are you most interested in? Please check all that apply

Food bank: Assisting with the distribution of food during food bank hours as well as receiving and unpacking food delivery boxes from the Daily Bread Food Bank

- Special Events:** Assisting with events that take place at WHIWH as well as offsite in the community
- Community Program Support:** This may include but is not limited to co-facilitating, making outreach phone calls, conducting surveys, helping with data entry and program related administrative tasks

Please list a few of the skills that you can bring to our team: (ex. Computer, communication etc.)

Please indicate your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

How long would you like to volunteer with WHIWH? (Example, 6 months +) _____

Any additional information you'd like us to know?

Please sign and date below:

***Please note that only those who are selected to move on to the next stage will be contacted**

Signature: _____

Date: _____

WHIWH CHC is committed to reflecting the diversity of the communities it serves and we strongly encourage applicants who reflect Toronto's ethnic and cultural diversity and our priority populations to apply

RETURN BY EMAIL OR HAND TO:
 Women's Health in Women's Hands CHC
 2 Carlton, Suite 500
 Toronto, ON M5B 1J3
 Tel: 416-593-7655 Fax: 416-977-7664
 Email: volunteer@whiwh.com