

Port Cares Volunteer Application Form



Please submit your completed application to Port Cares at 92 Charlotte Street or 61 Nickel Street, Port Colborne or by e-mail to volunteers@portcares.ca

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Preferred Method of Communication (please check one): Phone E-mail

What option best describes you? (please check one):

Employed Retired Seeking Employment Student Other

Why do you want to volunteer with Port Cares?

Please select the volunteer opportunities that you are most interested in:

Food Bank—Store

Community Programs

Food Bank—Warehouse

EarlyON Family & Child Centre

Meal Program

Special Events

Driving/Deliveries

Administrative Assistance

Community Garden

General

I am interested in volunteering for a:

Short-term basis (one day, up to 3 months)

Longer-term basis (6 months – 1 year or more)

Occasional (project work, as needed)

Regularly (weekly or a few times a month)

Availability:

Weekday Mornings

Weekday Afternoons

Evenings

Weekends

Open/changing schedule

Other: _____

Transportation: I have

Access to a vehicle

No transportation

Access to Public Transit

Are you able to do any heavy lifting (40lbs)?

Yes No

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

