

## Volunteer Application Form

Thank you very much for your interest!  
Please complete and submit this form.



CONFIDENTIAL

**Please put your needs first. If you are currently experiencing, or have recently experienced a stressful life event please place your need for support above the desire to give your support at this time.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**What experience have you had as a volunteer?**

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**Do you possess any special skills or abilities that will be helpful to you as a volunteer? If so, what are they?**

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**Why do you wish to volunteer with our agency?**

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**How did you find out about the volunteer opportunities with Distress Centre Niagara?**

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**Which program do you have an interest in volunteering with? (Please select one only)**

- Distress Centre Crisis Line
- Mental Health and Addictions Access Line
- ONTX

**When would be a convenient time to contact you to further discuss your interest in volunteering with the Distress Centre Niagara?**

- Daytime
- Evenings
- Weekend

**How can we reach you?**

- Home Number
- Cell Number
- Work Number
- Email