



Kerr Street Family Programs & Admin Volunteer Application Form

Please complete this form, and hand it in with your Police Check containing the Vulnerable Sector Screening (within 90 days of the issue date).

Date: _____

Personal Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (dd/mm/yy): _____ Gender: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you learn about our volunteer opportunities: _____

References: (Please list 3 references)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

* We recommend that you please include reference letters if you wish to expedite the application process.



Please visit www.kerrstreet.com to see the current roles available.

The following section describes our volunteer areas. Please check the area(s) that interest you:

- Market Volunteer (Monday, Tuesday, Thursday, Friday & Saturday)
- Meal Volunteer (Monday, Tuesday, Thursday, Friday & Saturday)
- Market & Meal Supervision (Community Meal – Monday, Thursday, Saturday)
- Prenatal Market Volunteer (Wednesday 9:30am – 10:30am)
- Kids & Me Market Volunteer (Thursday 9:30am – 10:30am)
- Family Night Activity Planner/ Gym Supervisor (Monday 6:30pm – 8pm)
- Warehouse Volunteers(Days/Hours vary)
- Administrative Help (Days/Hours vary)
- Front Desk Coverage (Monday – Friday, 12pm – 1pm)
- Other, please indicate as discussed: _____

There is a minimum commitment of one day a week for 3 months for all of these volunteer roles

Police Screening – As part of our insurance requirement, we ask that all volunteers over the age of 16 provide a police check containing the vulnerable sector screening.

Have you ever been convicted of an offence for which you have not been pardoned? Yes No

If yes, please give details:

By signing below you are certifying that all information provided is true and complete:

Applicant Signature:

Date:

Parent/Guardian Signature:

Date:

A parent/guardian must sign this form on behalf of any applicant who is under 18 years of age indicating authorization of their child volunteering with KSM. A typed-in name will indicate a signature when emailed.

Please Deliver, Email, or mail to:

volunteer@kerrstreet.com

485 Kerr Street, Oakville, ON L6K 3C6

(905) 845-7485