

Volunteer Registration Form

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Name	
Mailing Address	
Primary Contact #	
Email Address	
Best time/day for contact	

Skills Assessment

Please list your last two places and roles as a volunteer				
Organization Name	Role/Activity			

List of Certifications/Training/Commendations/Awards			



55 Albert Street, Suite 100, Markham, ON L3P 2T4



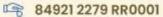
(905) 554-9033













Languages Spoken and Fluency (Please Tick √ Mark Appropriate Level)					
Language	Basic	Intermediate	Fluent		

Declaration

Prior to commencing my volunteer services with Social Services Network (Please Initial Each Declaration Statement Box)

I must provide a Police Reference Check to the Program Manager at Social Services	
Network	
I will attend the volunteer orientation	
I will read the terms and conditions of the Operating Policies and Procedures for SSN	
Volunteers	
I will make a commitment to support SSN with its Mission, Vision and Values	

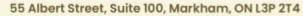
Applicant Signature Date:

MM/DD/YYYY

Director of Operations Signature Date:

MM/DD/YYYY







(905) 554-9033









