



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





Social Services Network

Languages Spoken and Fluency (Please Tick v 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

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