



VOLUNTEER APPLICATION FORM

Name: _____ Date of Birth: _____

Mailing Address: _____

Email Address: _____ Permission to Email: ☐ YES ☐ NO

Phone Number: _____ Permission to Text: ☐ YES ☐ NO

Emergency Contact Name: _____ Phone Number: _____

Current Occupation: _____ Current Employer: _____

Tell us why you want to volunteer for Stepping Stones Crisis Society:

Are you volunteering for Community Service hours? (E.g. School, H4H, etc.) ☐ YES ☐ NO

If yes, please specify: _____

Please list any medical issues we should be aware of (E.g. Inability to lift, allergies, etc.):

Please check all positions you wish to volunteer for:

☐ Events ☐ Yard and Facility Maintenance ☐ Fundraising ☐ Bingo

☐ Sorting & organizing donations ☐ Retail Floor Associate ☐ Store Merchandising

How much time are you willing to commit weekly?

☐ 30 minutes-3 hours ☐ 4-10 hours ☐ 11-15 hours ☐ 15+ hours

(Volunteers who are in a role where they are handling cash must obtain a criminal record check from the RCMP.
Please see letter attached.)

Signature: _____ Date: _____

If Under 18: Guardian Name: _____

Guardian Phone: _____ Guardian Email: _____

Signature of Guardian: _____ Date: _____

Volunteers 14 and under must be accompanied by a guardian. Please email your completed form to:
anita.gerwing@steppingstonesociety.ca