



Applicant Information			
Please Circle One: Mr. Miss Mrs. Ms.		Last Name:	First Name:
Street Address:			Apt/Unit:
City:	Province:		Postal Code:
Phone:	Cell Phone:		
Email address:		Date of Birth: MM DD YYYY	
Age:	Gender:	T-Shirt Size: XS S M L XL	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Are you in need of Court Mandated Community Service Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours and when are they due:	Please list available times:	
		Monday:	
		Tuesday:	
		Wednesday:	
		Thursday:	
		Friday:	
Experience/Education and Skills			
Employer/School:			Grade:
Have you previously volunteered with the Shine Through The Rain Foundation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What kind of activities are you interested in volunteering for?			
What computer or office experience and skills do you currently possess?			
Emergency Contact:			
Name:	Relation:	Phone Number:	

Shine Through The Rain Foundation reserves the right to make any checks deemed appropriate as to the suitability of all volunteers. All information obtained will be held in the strictest confidence.

Volunteer Applicant Signature

Date

Please fax to: 905-477-4251 or email: communications@shinethroughtherain.ca