



Volunteer Application – Ongoing Volunteer Opportunities

Please return completed applications to the Volunteer Coordinator.

If you have any questions about volunteering at Cornerstone, please contact:

Phone: 613-254-6584 ext. 504 / Email: volunteer@cornerstonewomen.ca

Contact Information

Last Name:	First Name:
Address (street, city, postal code):	
Phone:	Email:
If you are volunteering as part of a group, please specify the group or organization name:	

Let Us Get to Know You

How did you hear about Cornerstone?	
Why would you like to volunteer with Cornerstone?	
In what area(s) would you like to volunteer: <ul style="list-style-type: none"> <input type="radio"/> Recreation/Social Activities <input type="radio"/> Food preparation and kitchen support <input type="radio"/> Administration <input type="radio"/> Fundraising <input type="radio"/> Committees (e.g. events) 	<ul style="list-style-type: none"> <input type="radio"/> Friendly visits <input type="radio"/> Organizing (e.g. donations) <input type="radio"/> Spiritual Care <input type="radio"/> Professional Services <input type="radio"/> Driving <input type="radio"/> Other: _____
Please tell us what you hope to get from your experience with us?	

Availability

How often would you like to volunteer?	
What times are you available to volunteer?	<input type="radio"/> Thursday – Morn / Aft / Eve
<input type="radio"/> Monday – Morn / Aft / Eve	<input type="radio"/> Friday – Morn / Aft / Eve
<input type="radio"/> Tuesday – Morn / Aft / Eve	<input type="radio"/> Saturday – Morn / Aft / Eve
<input type="radio"/> Wednesday – Morn / Aft / Eve	<input type="radio"/> Sunday – Morn / Aft / Eve
When are you able to start volunteering:	
What length of volunteer commitment could we count on?	
Additional scheduling details that you feel might be important:	

***Please note that as we serve vulnerable adults a Police Record Check for the Vulnerable Sector will be required prior to being accepted as a volunteer and being offered a volunteer assignment in which contact with the residents is expected.**

I hereby declare that the foregoing information is true and complete to my knowledge.		
_____	_____	_____
Name (please print)	Signature	Date

Cornerstone would like to thank you for your expressed interest in helping our organization improve the lives of women. We look forward to working with you and hope this will be a great experience for you!

For further information:

Volunteer Coordinator

314 Booth Street, Ottawa ON K1R 7K2

613-254-6584 ext. 504

volunteer@cornerstonewomen.ca