



Volunteer Application

Summit has many volunteer opportunities available. Please select the opportunity or opportunities you're interested in below:

- Friendly Phone Visitor** - The Friendly Phone Visitor volunteer will help others through providing socializing opportunities to people who are experiencing substance abuse issues or mental health concerns. In general, the volunteer will encourage participants to engage in conversations, helping alleviate isolation and increase community connection.

- Group Leader** - Our Group Leader volunteers serve a vital role in our Health and Wellness Program. Our goal is to reduce isolation and increase community connection for those in our community who require mental health supports. Our Group Leader volunteers facilitate our social recreational programs, providing leadership and promoting comradery. We are looking for people to share their craft, favorite hobby or skill with our clients.

- Other Volunteer Opportunities** - Volunteers who would like to facilitate one-time or ongoing group events are welcome to submit an application and a letter outlining their plan (*i.e.*, a yoga class or art group, fundraising events, etc.).

Low income should never be a barrier to volunteering. Funding is available for groups, transportation costs, criminal background check costs, etc. at the discretion of Summit. Please speak to the Volunteer Coordinator for more information.

Last Name:		First Name:	
Address:		Phone Number:	
City:		Alternate Phone Number:	
Postal Code:			
Gender (optional):		Language(s) Spoken:	
Emergency Contact Name:		Emergency Contact Phone Number:	



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QUESTIONS

<p>1. How did you hear about volunteering at Summit?</p>
<p>2. Why do you want to volunteer at Summit?</p>
<p>3. Have you volunteered before? If so, please list your experience(s) including the organization, length of service and duties.</p>
<p>4. What qualities or skills do you possess that you think will benefit Summit's clients? What role(s) are you hoping to volunteer in?</p>
<p>5. Summit encourages people with various backgrounds and those living with disabilities to volunteer with us. Please advise of any accommodation you may require.</p>
<p>6. Please provide two references that Summit can contact:</p> <p>Reference name, organization & phone number:</p>



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Reference name, organization & phone number:

7. Please inform us of any other information that you think Summit should be aware of (employment history, professional designations, education or training, etc.).

8. What is your availability for volunteering? Please include days, hours and length of time (*i.e.*, six months, one year, ongoing, etc.) you plan to volunteer for.

DECLARATION AND AUTHORIZATION

I, _____ certify that all information that I have provided to you is true, accurate and complete. I authorize Summit to contact my references to seek information from them that may be relevant to my application for voluntary service.

I, _____ am aware that I will be required to provide a Vulnerable Sector Criminal Background Check prior to volunteering. I may be asked to submit a driver's abstract, proof of insurance or other credentials depending on the volunteer role.

Signature: _____

Date: _____

Please forward all completed applications and any questions to:

Nikki Mandarin, Peer Volunteer Coordinator

871 Equestrian Court, Unit 7

T: 905-864-3206 C: 289-795-5847

volunteer@summit-housing.ca