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| **VOLUNTEER APPLICATION** |

****For further information or assistance, please contact:

Richmond Hill: Kalisha Goodberry 905-780-0491 ex.126 or [k.goodberry@krasmancentre.com](mailto:k.goodberry@krasmancentre.com)

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| Contact Information | | | | | | | | |
|  | | | | | | | | |
| Name | | |  | | | | | |
| Phone | | |  | | | | | |
| E-mail | | |  | | | | | |
| Availability (*Please state general hours of availability)* | | | | | | | | |
|  | | | | | | | | |
| MONDAY | TUESDAY | | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|  |  | |  |  |  |  |

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| Peer Support |

Please describe what recovery means to you.

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Briefly describe your understanding of the role of providing peer support.

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| Special Skills or Qualifications |

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| --- | --- | --- | --- |
|  | Y/N |  | Y/N |
| First Aid Training  Expiration: |  | Food Handler Certificate |  |
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| Worker Health and Safety Training |  | WHMIS Training |  |

Do you have previous experience in a volunteer role? (Please explain, briefly)

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How would you like to volunteer at The Krasman Centre?

*Examples: Group facilitation, workshops, centre maintenance/upkeep, organizing, etc.*

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| Support |

How can we support you in achieving your goal as a volunteer? (Supplies, space, etc.)

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