



VOLUNTEER APPLICATION

For further information or assistance, please contact:

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Alliston: Julie Shand 705-435-0054 ex 113 or Julie.shand@krasmancentre.com

Contact Information

Name	
Phone	
E-mail	

Availability (*Please state general hours of availability*)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Peer Support

Please describe what recovery means to you.

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

Special Skills or Qualifications

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

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

How would you like to volunteer at The Krasman Centre?

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

Support

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

