



**Community  
Resource  
Service**

# Volunteer Application

1100 Clarence Street South, Suite 102 Brantford, ON N3S 7N8

519 751-4357 Fx 519 751-0810

**Name:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Phone:**

**Answer Machine: Yes**

**No**

**Email:**

**Fax:**

**Emergency Contact Name:**

**Phone:**

Have you worked as a volunteer previously? Yes\_\_\_\_\_ No\_\_\_\_  
If yes, please list place(s) you have volunteered and type of work done.

What skills, training or knowledge do you offer to Community Resource Service volunteer program?

What skills, training or knowledge do you wish to obtain at Community Resource Service through volunteering?

*Community Resource Service operates Monday to Friday, 8:30 a.m. to 4:30 p.m.*

Day(s) of the Week you are available:

Time of Day you wish to volunteer:

**You Can Make a Difference!**