



VOLUNTEER REGISTRATION – SUNDAY 24th MAY 2009

Name _____

Street Address _____

City / Postal Code _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Email Address _____

Do you have a medical condition/disability that we should be aware of? If yes, please briefly describe _____

Have you volunteered at a Homeless Connect before?

Yes No

We would like Homeless Connect Volunteers to be available from 8.00am to 3.30pm. Are you able to commit to this time slot? Yes No

If No please tell us the hours you can volunteer _____

Any additional information you would like us to know?

Person to Notify in Case of Emergency:

Name _____ Contact Number _____

THANK YOU FOR VOLUNTEERING FOR

HOMELESS CONNECT EDMONTON Sunday 24th May 2009 at the SHAW CONFERENCE CENTRE.

A reply confirmation will be sent to you on receipt of your application.

Please send your application to Sonya Helms, Communications Assistant, Homeward Trust,
shelms@homewardtrust.ca Fax 780 496 2634