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**CAMBRIDGE SHELTER CORPORATION  
VOLUNTEER INFORMATION**

**“Our mission is to provide safe shelter, and to offer support and encouragement for the individual hopes and needs of people dealing with life issues.”**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_  
Home Work

**EMAIL:** \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES (check all that interest you)**

- Out of the Cold volunteer at The Bridges
- Welcome Aboard volunteer
- Conduct school tours/talks
- Coin-Drop Box program
- Special Events
- Direct Mail
- Committee Work

\_\_\_\_\_  
**HELP US GET TO KNOW YOU:**

**OCCUPATION:** \_\_\_\_\_

**OTHER INTERESTS/HOBBIES:** \_\_\_\_\_

\_\_\_\_\_  
**THE BRIDGES WILL BE OPEN EACH NIGHT OF THE WEEK, YEAR ROUND. WHEN WOULD YOU LIKE TO VOLUNTEER?**

- Winter
- Spring
- Summer
- Fall

**WHAT DAY OF THE WEEK?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**WHICH SHIFT?**

- 4:00 p.m. – 8:00 p.m. (Cooking, serving dinner and clean up)
- 7:00 p.m. – 10:00 p.m. (Socializing, security)

**TIME COMMITMENT: (How often/how many hours would you like to volunteer?)**

- Once a week
- Once every two weeks
- Other – please specify \_\_\_\_\_

**PERSONAL INFORMATION:**

**EMERGENCY CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:**

**“I will respect the dignity and privacy of any client, employee or volunteer of Cambridge Shelter Corporation and will neither judge nor preach. I understand the need to treat any information obtained with strict confidentiality.”**

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**Signature**

**Date**