

# STONEGATE COMMUNITY ECUMENICAL MINISTRY

## The Outreach Store

Phone: 416 234-9948

### Volunteer Information Sheet

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Affiliation (if any): \_\_\_\_\_

Please circle **all** the times you would be available to work:

- Monday 9:00 am to 1:00 pm
- Monday 1:00 pm to 5:00 pm
- Tuesday 9:00 am to 1:00 pm
- Tuesday 1:00 pm to 5:00 pm
- Wednesday 9:00 am to 1:00 pm
- Wednesday 1:00 pm to 5:00 pm
- Thursday 9:00 am to 1:00 pm
- Thursday 1:00 pm to 5:00 pm
- Friday 9:00 am to 1:00 pm
- Friday 1:00 pm to 5:00 pm

Which day and time would prefer to work? \_\_\_\_\_

Would you be willing to work occasionally to substitute for an absent volunteer?

\_\_\_\_ Yes    \_\_\_\_ No