



District 69 Society of Organized Services
Membership and Community Partner Registration (Confidential)

\$5.00 LIFETIME MEMBERSHIP FEE REQUIRED BY ALL REGISTRANTS

Last name / First name / Middle initial

Mailing Address:

Street Address:

City: Postal Code: Date of Birth: (Month/Day/Year)

Home Phone: Emergency Phone:

Business Phone: Email:

Tell me about yourself (your passions, strengths, life experience)

What (if any) physical or health issues do you have that may restrict you from performing certain tasks?

I give my permission to the Coordinator of Community Partners to verify and retain a copy of the results of Criminal Record Check request form.

Date: Signature of Volunteer

OFFICE USE ONLY

Fee Paid: Yes No Receipt # Waiver Confidentiality Form
CRC Request Date Date Cleared Interviewed By

VOLUNTEER COORDINATOR COMMENTS

Comments section with three horizontal lines

Forward to Coordinator Date (repeated three times)

SOS Programs and Services

Please indicate your area of interest (✓ as many as you would like)

THRIFT SHOP

- Pricing & Sorting Floor Clerk Cashier

- DRIVERS:** (I hold a: Class 5 License Class 4 License Class ____ License)
 Meals-On-Wheels (own vehicle) Medical Appointments (own vehicle)
 Distribution (own vehicle) Seniors Pick Up (using SOS 15-passenger van)
 Youth Pick Up (using SOS 15-passenger van)

CHILD, YOUTH AND FAMILY CENTRE

- Childminding Preschool Art Preschoolers on the Move Youth Programs
 Teen Programs Family Programs SOS Dress-Up Tent Face Painting
 Cooking/Kitchen Assistant Totams (Time Out For Tots & Moms)

CHRISTMAS PROGRAM

- Donation Pick Up Toy Shop Hospitality Room
 Registration Biker's Toy Run

OTHER

- 24 Hr Haven Home Line Meals-On-Wheels Kitchen Clerical Assistant
 Income Tax Special Events/Projects Seniors Programs
 Haven Home SOS Grandbuddie Outreach

How did you hear about the SOS?

Radio Another Volunteer Advertisement Friends Other agencies Other _____

Availability: Monday Tuesday Wednesday Thursday Friday Saturday
 Summer Winter Year Round Morning Afternoon

Initial as having received the Volunteer Policy, Constitution and Bylaws _____

Initial as having discussed SOS Personal Information Protection Policy _____

On behalf of all of us at SOS, I thank you for giving the gift of your time. Our Programs and Services would not survive without the generous contribution of volunteers like you!

OFFICE USE ONLY

PROGRAM COORDINATOR'S COMMENTS AND VOLUNTEER START DATE

Guidelines Yes Orientation _____ Job Description Received _____ Start Date _____

COMMENTS
