



KAIROS

Non-Profit Housing of Peterborough



A United Way Member Agency

VOLUNTEER APPLICATION

Please print clearly

NAME: _____ Phone: _____

ADDRESS: _____
Street Town Postal Code

Email: _____ Fax: _____

Emergency Contact's Name: _____ Phone: _____

References: *(Please advise these three individuals that they will be contacted by phone.)*

NAME: _____ Phone: _____

NAME: _____ Phone: _____

NAME: _____ Phone: _____

Please check your area(s) of interest: Education and Opportunities Community Development
 Board of Directors Maintenance Finance
 Fundraising/Volunteer Appreciation Other? _____

Please tell us a little about your other/past community involvement(s): _____

What length of commitment would you be willing to share with Kairos Non-Profit Housing of Peterborough?

Best time to call you? _____ How did you learn about this opportunity? _____

Would you be willing to obtain and cover the cost of a CPIC? _____

Please sign here to confirm we have your consent to contact your references:

Signature Please print name

OFFICE USE ONLY
Date received:
References:
Interview:
CPIC:
Approved:

Please mail or fax your application to: FAX: 748-4824
Kairos Volunteer Applications
c/o Marilyn Thornton, P.O. Box 2402, Peterborough, ON K9J 7Y8