



Volunteer Membership Form

Name:	First Name Last Name
Title:	Title
Organization: If applicable	Organization Name
Address:	Street # & Name; City; Province; Postal Code
Phone Number:	(705)000-0000.
Email:	Email Address

Availability (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nature of Education, Employment, and/or Experience (Check all that apply)

<input type="checkbox"/> Social Services	<input type="checkbox"/> Community Development	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Education	<input type="checkbox"/> Community Member	<input type="checkbox"/> Government
<input type="checkbox"/> Politics	<input type="checkbox"/> Health	<input type="checkbox"/> Student	<input type="checkbox"/> Indigenous Community	<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Immigration
<input type="checkbox"/> Violence Against Women	<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Science	<input type="checkbox"/> Technology	<input type="checkbox"/> Engineering	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Artist	<input type="checkbox"/> Musician	<input type="checkbox"/> Culinary	<input type="checkbox"/> Child Care	<input type="checkbox"/> Elder Care	<input type="checkbox"/> Legal/Law
<input type="checkbox"/> Entrepreneur	<input type="checkbox"/> Family Care Giver	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Social Media	<input type="checkbox"/> Board of Director	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Housing	<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Counselling Provider	<input type="checkbox"/> Police Services	<input type="checkbox"/> Youth

Other:

Please specify other areas of expertise

Notice of Collection, Use and Disclosure:

Personal information is being collected on this form pursuant to Section 8 and 11 of the Municipal Act and will be used for the purpose of making appointments to the Women & Children's Shelter of Barrie – Women's Advocacy Council. Questions regarding the collection of this information and how it is used may be directed to the Kelly Letourneau, Development Manager, 115 Edgehill Dr. Barrie Ontario, 705-792-2188

We welcome individuals and organizations from diverse backgrounds and experiences. Please ensure to include all relevant information that may illustrate your unique skills and knowledge that will contribute to the success of the Women's Advocacy Councils.

1. What is your most relevant education and training as it pertains to women's Issues, and/or the gender gap?

Click or tap here to enter text.

2. What is your interest in being a council member?

Click or tap here to enter text.

3. Describe and provide examples of you or your agency's experience facilitating and/or participating in community development initiatives related to violence against women, women's issues, and/or the gender gap.

Click or tap here to enter text.

4. Provide specific examples of where you or your agency have partnered with external community leaders to develop programs, policies, and community projects that address to violence against women, women's issues, and/or the gender gap.

Click or tap here to enter text.

5. Describe your knowledge and/or your agency's familiarity with violence against women, women's issues, and/or the gender gap. Identify any connection you or your agency currently have or have had with the Women & Children's Shelter of Barrie.

Click or tap here to enter text.

6. Is there anything that you feel is important to identify that has not already been asked?

Click or tap here to enter text.

We appreciate and Thank You for your interest and participation as a Volunteer for the Women's Advocacy Council

Please return to Sarah Cunningham, Women's Advocacy Council Project Coordinator at advocacy@barrieshelter.com

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