

## COMMUNITY CLOTHING ASSISTANCE

**Address:** 404 N. May St., Thunder Bay ON. P7C 3R5 **Ph:** (807) 474- 3583 **Website:** www.clothingassistance.ca

**VOLUNTEER INFORMATION** Program: HOW YES Employment March of Dimes Other

Full name: _____						
Age Category:	15-24	25-44	45-64	65+	Decline	
Address: _____			Postal code: _____			
Phone Number(s): _____			Cell: _____			
Email Address: _____						
Contact person in case of an emergency: _____						
Relationship: _____						
Phone Number: _____			Cell: _____			

### How did you hear about Community Clothing Assistance?

Newspaper or Advertisement    Word of mouth (Friend, coworker)    School  
Website/Internet Search    Referred by community agency (please specify) \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

### Why do you want / need to volunteer at Community Clothing Assistance?

Do you require hours reporting on the end of your volunteering?    yes    No

Please list your volunteer work experience:

Do you have any physical conditions, limitations or requirements that you would like to inform us about?

Can we perform criminal check?    yes    No    Can you work with children under 18 yo ?    yes    No

CCA is open to daily 10:00 am-5:00pm Monday to Saturdays. Please indicate your volunteer availability:

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:						

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## SELF ASSESSMENT WORKSHEET

---

**Please complete the following self-assessment work sheet as honestly as you can. There are no good or bad answers.**

1. List at least three things you like to do or are good at.
2. List things you are not good at or you don't like to do.
3. List things you dislike about your work:
4. Some people dislike the fact that I:
5. Write down three things you want to see changed or improved in your community.
6. What are your expectations as a volunteer?