



Pace Your Peace Foundation

NOT-FOR-PROFIT ORGANIZATION

TEL.: 905-226-9328 | WWW.PACEYOURPEACE.ORG

Thank you for your interest in volunteering with **Pace Your Peace Foundation!** Please complete this form to help us understand how you would like to get involved.

PERSONAL INFORMATION:

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Address: _____

AVAILABILITY:

Days Available to Volunteer (Check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

PREFERRED TIME SLOTS (CHECK ALL THAT APPLY):

- Morning (9 AM - 12 PM)
- Afternoon (12 PM - 4 PM)
- Evening (4 PM - 7 PM)

SKILLS AND EXPERIENCE:

Please list any relevant skills or experience that may assist in volunteer tasks:

HEALTH AND SAFETY:

Do you have any medical conditions or allergies we should be aware of?

- Yes. If yes, please specify: _____
- No



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CONSENT AND AGREEMENT:

- I hereby consent to participate in the volunteer program with Pace Your Peace Foundation and agree to follow all guidelines, policies, and instructions provided during my volunteer activities.
- I understand that I may be required to provide a Criminal Record Check if necessary for my volunteer role.
- I acknowledge that my participation is voluntary, and I assume any risks associated with my activities as a volunteer.
- I give permission for Pace Your Peace Foundation to contact me via phone or email regarding my volunteer activities.

SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT INFORMATION:

Name: _____
Relationship: _____
Phone Number: _____

OPTIONAL:

Would you like to receive our newsletter?

Yes

No