

Organization Details

Organization/business name _____

Address _____ Apt # _____

City _____ Postal Code _____

Phone _____ Email _____

How did you hear about us? _____

Project

What is your objective for this event?

What kind of activities are you interested in?

Do you have your own idea for a special project?

How many individuals in your group are you looking to accommodate? _____

Contacts

Name of contact person responsible for communication _____

Phone _____ Email _____ same as above

Name of Team Leader for supervision of group _____

Availability

Which days to you prefer? Mon. Tues. Wed. Thur. Fri.

Month _____ Time: Morning Afternoon Full day

Other - please specify _____

Please Note:

- ◆ All volunteers must sign a Waiver of Liability
- ◆ We will require full names of all group participants before the activity starts.
- ◆ We cannot guarantee any project. We do our best to accommodate groups who wish to volunteer and contribute to our organization but may need to decline if it impedes our regular service delivery.

Submit to

info@humberseniors.org

Or call :

(416) 249-7946

Visit us at wtss.org