

WORKING THE STREETS

Volunteer Application Form



Please send completed forms to:
workingthestreetsniagara@mail.com

First Name _____

Last Name _____

Address _____

City/Postal
Code _____

Home Phone	_____	Cell Phone	_____
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Email _____

Emergency
Contact
(Name and
Phone #) _____

Personal References
(Name and Contact Info)

Personal References
(Name and Contact Info)

Please answer the following questions.

- 1. Name 10 resources in the Niagara Region that are available to our street family.**
- 2. Where do you find your passion to help the vulnerable sector and homeless.**
- 3. What drives you to be a frontline worker.**
- 4. How important is selfcare to you and explain why.**

- 5. Have you or a family member experienced homelessness.**
- 6. What steps would you take if someone was threatening to harm themselves or others.**
- 7. What three qualities do you feel are most important when working the streets.**
- 8. Do you have an issue with setting boundaries and knowing your limits.**
- 9. Are you a lifelong learner.**
- 10. What would you do with a lost puppy.**

