

Tuesdays October 3-31 from 9-11:30 am

Thank you for your interest in our volunteer skills development training program! In order for us to create a rich experience through participation of a diverse group of women we ask that all participants complete this application prior to registration being confirmed. If you would prefer to complete this form in person or over the phone please call Shannon at 250-352-9916 or visit the Women's Centre. Thank you!

Name:				
Phone:				
Address:				
Email:				
Age range: under 25	26-45	46-65	over 66	
Why are you interested	in particip	oating in this p	orogram?	
Some of the topics disc wellbeing, addictions, p feminism and self-care, you would be bringing	ooverty, vid Please de	olence agair escribe any re	ist women, diver	sity,

How would your life and the lives of those around you chang	e from	your
participation in this program?		
How long have you lived in Nelson?		
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What is your availability in the upcoming year?		
Are you interested in volunteering in our drop-in program?	Yes	No
		O. O.
Are you able to commit to 20 hours of volunteer time at the C drop-in volunteer?		No No
Have you volunteered at the Women's Centre?	Yes	No
If yes, for how long?		
If yes, what was your role?		
Is there anything else about yourself that you'd like to share?		

Thank you for completing this application!
Please email it to shannon@nelsonwomenscentre or deliver it in person to
420 Mill St. during drop-in hours (Tues-Thurs, 12-4pm)