



Student Administrative Council
599 Brealey Drive
Peterborough, ON K9J 7B1
(705) 749-5530

STREET TEAM APPLICATION FORM

IDENTIFICATION

Last Name	First Name
Student #	Program
E-mail Address	Contact #

EMERGENCY INFORMATION

Emergency contact person MUST be reachable

Emergency Contact Name: _____ Relationship to you: _____

Telephone Number: _____

RECRUITMENT

What skills, strengths, or interests do you have that would make you a valuable volunteer?

Have you had any previous volunteer experience? Yes _____ No _____

If yes, where? _____

Weekly Timetable

Please fill out the hours you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 9:00					
9:00 – 10:00					
10:00 – 11:00					
11:00 – 12:00					
12:00 – 1:00					
1:00 – 2:00					
2:00 – 3:00					
3:00 – 4:00					
4:00 – 5:00					
5:00 – 6:00					
6:00 – 7:00					
7:00 – 8:00					
8:00 – 9:00					
9:00 – 10:00					
10:00 – 11:00					

Only need late night volunteers for pub nights on Thursdays if needed