



Niagara Nutrition Partners

Thank you so much for your interest in Niagara Nutrition Partners. Because of volunteers like you, nutrition programs in schools are able to exist. For complete volunteer descriptions please visit http://www.niagaranutritionpartners.ca/page/get_involved. To begin, please provide us with the following information:

Name: _____
FIRST MIDDLE LAST

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Best way to reach you: _____ Best time: _____

Is there a certain school where you would like to volunteer? _____

If so, which school and why? _____

What day(s) of the week are you available? _____

How often are you able to volunteer (once per week, every other week etc.)? _____

Which volunteer position(s) are you interested in? _____

How did you hear about us? _____

OFFICE USE ONLY

School: _____ CDW: _____

Volunteer Commitment: _____

Start date: _____

Notes: _____

To submit your application or if you have any questions please contact Kristal at admin@niagaranutritionpartners.ca. You can also fax the application to (905) 984-5440.