



Volunteer Information Form

North Site (Forest)

West Site (Sarnia)

NAME: _____
Last First Initial Mr. Mrs. Miss Ms.

OCCUPATION: _____

AGE: If under 21, state age: _____ If over, circle age group: 21-29 30-39 40-49 50-54 55+

HOME ADDRESS:

Street Apartment Number

City Ontario Province Postal Code

PHONE: _____ When is the best time to call? _____

EMAIL ADDRESS: _____

NAME OF BUSINESS: _____

PHONE: _____ Can we call you at work? Yes _____ No _____

Please list all your current and past volunteer positions and experience:

PLEASE PROVIDE TWO REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please turn over...

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____

Relationship: (i.e. spouse, mother, etc.) _____

MEDICAL INFORMATION:

Family Physician: _____ Phone: _____

Do you have any medical conditions or other limitations we should know about?

WHERE DID YOU HEAR ABOUT OUR ORGANIZATION?

WHAT AREAS WITHIN THE CENTRE WOULD YOU BE INTERESTED IN VOLUNTEERING FOR?

- Seniors programs
- Youth programs
- Social Skills programs
- Good Food Box
- Social Activities
- Physical Fitness Programs
- Cooking

I acknowledge and understand that this is an application to participate in a volunteer program for which there will be no financial compensation, and that attendance and work done by the volunteer at the NLCHC for the purposes of the program will be at the sole risk and expense of the volunteer.

Volunteer's Signature

Date

Health Promoter's Signature

Date