

VOLUNTEER APPLICATION

OFFICE USE ONLY					
Volunteer Application Number:	Date Received:				
Interview Date:	Assignment: _	ignment:			
Location: CRC	CAR	Reference Checks			
Date: / /	☐ Female	e 🔲 Male			
Name:					
First	Last	Initial			
Phone:	0.11				
Home	Cell	Work			
Email:					
Address:					
Apartment, Street Number and Name, RR#					
City/Town	Province	Postal Code			
What is your preferred method of communication? Occupation: Employed Retired Stu	☐ Mail dent ☐ Other	☐ Phone ☐ Email			
Why are you interested in becoming a volunteer at N	SHSC?				
What kind of activities are you interested in?					

AVAILABILITY	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning						
Afternoon						
VOLUNTEER WO	RK AREA PREFERI	RED				
	_			_		
Department:	☐ Audiology ☐ Speech-Language Pathology ☐ Clerical/Admin					
Volunteer position	on interested in:					
REFERENCES –	Please supply two	o references that	have known you f	or at least six mo	nths (no family)	
Name			Relationship			
Phone Number		Email				
Name			Relationship			
Phone Number		Email				
EMERGENCY CO	NTACT					
Name		Phone		Relationship		
As a volunteer 1	understand that n	not everyone who	applies is accepted	d as a volunteer I	understand that	
		•	oove information i			
, -			to contact my refe			
	-		ceipt of a recent (w			
	Abuse Registry Sea	arch Form, all to b	e satisfactory to N	lova Scotia Hearin	g and Speech	
Centres.						
Signature of A	Applicant		Signature of Volu	unteer Program St	aff	