



Canadian Hard of Hearing Association - Newfoundland and Labrador (CHHA-NL)

Hearing Helpers Program

Volunteer Application Form (2011)

Name: _____ Date: _____

Address: _____

_____ Postal Code: _____

Telephone: _____

Email: _____

In case of emergency, contact: _____

Emergency telephone: _____

Information (you may attach a resume if you wish):

Volunteer Experience /Community Involvement: _____

Education: _____

Work Experience: _____

Do you have any particular skills, interests or experience that you consider relevant to this program?

Are you able to commit to completing 7 presentations over an 8 month period once you have received training? Yes No

References: Please list three references (at least one of whom has a connection to your work or volunteer experience).

1. Name: _____ Telephone: _____

Address: _____

Email: _____

2. Name: _____ Telephone: _____

Address: _____

Email: _____

3. Name: _____ Telephone: _____

Address: _____

Email: _____

Please Note: All volunteers will be required to have a clear criminal records check from the R.N.C. or the R.C.M.P. All forms will be provided and processed by CHHA-NL.

Volunteer's Signature

Date

Witness

Date