



CANADIAN HARD OF HEARING ASSOCIATION- NEWFOUNDLAND AND LABRADOR (CHHA-NL)

Volunteer Application Form

Name: _____ Date: _____

Address: _____

_____ Postal Code: _____

Telephone: _____ Email: _____

Date of Birth (Optional if over the age of 18):

(mm)____/ (dd) ____/ (yy)_____

In case of emergency, contact: _____ Telephone: _____

Current status (High school, University, Working, Retired, etc.): _____

Education (or attach resume): _____

Work Experience (or attach a resume): _____

Volunteer Experience: _____

How many hours per week would you be available? _____

How many weeks could you commit those hours? _____

What times of the day are you available? _____

Do you have any experience/skills/interests you consider particularly relevant for your volunteer within the association? _____

What do you hope to achieve from volunteering? _____

Please list three references (at least one of whom should be work/study/volunteer related):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: All volunteers will be required to obtain a police criminal records check.

As a volunteer with the Canadian Hard of Hearing Association- Newfoundland and Labrador, I agree to respect the confidentiality of clients, colleagues, and the association.

Signature

Date

Witness

Date

PLEASE ATTACH A FORMAL RESUME IF YOU HAVE ONE

