

Post Secondary Education

Name of School: _____ Current year of study: _____

Expected Graduation Year: _____ Degree: _____

ESL (English as a second language)

ICEAP Level completed: _____

SKILLS:

Please identify any additional languages that you speak and/or write fluently:

Please check what types of training or skills you have:

- | | |
|---|---|
| <input type="checkbox"/> Working with persons with disabilities | <input type="checkbox"/> Nursing / Patient Care |
| <input type="checkbox"/> Working with the elderly | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Recreation / Games | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Exercise / Fitness |
| <input type="checkbox"/> Retail / Sales | <input type="checkbox"/> Computer |
| <input type="checkbox"/> CPR or First Aid | <input type="checkbox"/> Hospitality / Customer Service |
| Date: _____ | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Musical Instrument(s): _____ |

Membership in Clubs / Organizations / Hobbies / Special Interests / Volunteer Experience:

How did you find out about volunteer opportunities?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> NSHA website | <input type="checkbox"/> Church bulletin |
| <input type="checkbox"/> Hospital staff | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Community bulletin board |
| <input type="checkbox"/> School | <input type="checkbox"/> Radio/Television ad |
| <input type="checkbox"/> Kijiji Ad | <input type="checkbox"/> Volunteer Fair |
| <input type="checkbox"/> Other: _____ | |

Why are you interested in becoming a Volunteer? _____

Do you have any physical or health limitations that may prevent you from performing any specific volunteer role or part thereof?

Yes No If yes, please describe: _____

Volunteer work preferred: _____

Most volunteer programs require a minimum commitment of 6 months. There may be opportunities that are more flexible, depending on the program and time of year.

Availability:

_____ Day(s) Time(s)

_____ Day(s) Time(s)

_____ Day(s) Time(s)

Is there a period of time within the next six months that you are unable to volunteer?

References: Please give the names and contact information of two references, not relatives, who know your qualifications and can vouch for your character.

_____ Name Home Phone Work Phone

_____ Email Relationship

_____ Name Home Phone Work Phone

_____ Email Relationship

Emergency Contacts:

_____ Name Phone / Alternate Phone Relationship

_____ Name Phone / Alternate Phone Relationship

I give permission to use my written comments and/or photos for the purpose of developing and distributing promotional materials

Yes No

In the event of an unusual situation or crisis in the community that impacts facilities and/or operations, would you be interested in assisting with various tasks that might be required, such as: running errands, sitting with patients and/or families, directing the public and assisting staff as required?

Yes No