|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | |
| Last name: | | First name: | | | | Middle initial: |
| Address: | | | | | | |
| Town: | Postal code: | | | | Are you over 18 years old?  Yes  No | |
| Telephone home: | Cell: | | | Email address: | | |
| Do you have any health conditions that could impact your volunteer work? | | | | | | |
| How did you hear about volunteering with us?  Eastern Shore Cooperator advertisement  Poster  Newsletter  Website  Social media  Word of mouth  Other | | | | | | |
| **Availability** | | | | | | |
| Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | | mornings  afternoons  evenings | | | |
| I am not available: | | | | | | |
| **Location preference for volunteering** | | | | | | |
| Musquodoboit Harbour area Sheet Harbour area  Musquodoboit Valley area Other: | | | | | | |
| **Employment** | | | | | | |
| Current occupation: | | | | | | |
| Past occupation(s): | | | | | | |
| **Please list any skills, training, interests, hobbies, or previous volunteer roles as they apply to the Visiting Buddies volunteer role.** | | | | | | |
|  | | | | | | |
| **Are you willing to provide references if you are selected to volunteer?**  Yes  No | | | | | | |
| **Authorization for collection of Personal Information**  I authorize the Well-Being HUB to collect personal information appropriate to the volunteer position applied for. I understand that the information obtained will be kept confidential. I hereby certify that the above information is true to the best of my knowledge. | | | | | | |
| **Signature:** | | | **Date:** | | | |
| **Thank you for your interest in volunteering with the**  **Well-Being HUB’s Visiting Buddies Program!** | | | | | | |