|  |
| --- |
| **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!** |