

South and Central Health Foundation Volunteer Application



First Name

Last Name

Birth Year (some events require
volunteers who are 19+)

Contact Info

Email

Home Ph.

Cell Ph.

Address

Street Address

Address Line 2

Town/City

Province/Territory

Postal Code

Educational Background/Occupation

College/School

Department/field

Company

Department/position

Which of these volunteer activities/events interests you? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Office Duties (making calls, folding letters and stuffing envelopes, etc.) |
| <input type="checkbox"/> Radiothon | <input type="checkbox"/> Selling (tickets, promotional items, etc.) |
| <input type="checkbox"/> Gala Dinner and Auction | <input type="checkbox"/> Food Sales (BBQ's, Bake Sales, etc.) |
| <input type="checkbox"/> Mascotting/Mascot Management | <input type="checkbox"/> General |

Do you have any volunteer experience? If so, please describe

Please pick your available days

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | |

From

:

AM/PM

To

:

AM/PM

Additional notes about your schedule

I acknowledge that I will require a clean certificate of conduct before I can begin some volunteer activities

Date

Signature

Please drop off volunteer applications to the South and Central Health Foundation at 32 Queensway, Grand Falls Windsor, or email to jennal.budgell@nlhealthservices.ca