



HEALTH CARE
FOUNDATION
for hospitals & health centres here at home

Volunteer Application Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Alt Phone: _____

Email: _____

Date of Birth: _____

Emergency Contact Information:

Name: _____

Relationship to You: _____

Phone: _____

Email: _____

Why are you interested in volunteering with the Health Care Foundation?

Please tell us about any training background, education or skills that you feel will be an asset to the Health Care Foundation:

Is there a particular volunteer position that you are interested in? Please check all that apply.

Helping Hands Hero

Join a Committee

Events Champion

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Morning

Afternoon

Specific Times:

I hereby certify that all information included in this application is true and complete. I agree to participate in orientation and training sessions as required and to respect the confidentiality of all information I may have access to.

Signature:

Date:

Please send completed volunteer application form to:

Health Care Foundation
71 Goldstone Street, Suite 103
St. John's, NL A1B 5C3

(E) volunteer@healthcarefoundation.ca

(F) 709.777.5903