



**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

Gift Shop

**Availability**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Morning

Afternoon

Specific Times:

\*Please include two references with your application.

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 the completed volunteer application form to:

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

(E) [volunteer@healthcarefoundation.ca](mailto:volunteer@healthcarefoundation.ca)