NL Health Services

Volunteer Application

Section A- CONTACT INFORMATION			
Last Name	First Name	Middle Initial	
Address	City/Town	Province	Postal Code
Telephone Number:	Email:		
Emergency Contact Name/Relationship and Number:	Pronouns:		

Section B- VOLUNTEER SITE

Indicate what NL Health Services Zone you are seeking to volunteer with (select one or more if applicable):

☐ Eastern Urban ☐ Eastern Rural ☐ Central ☐ Western ☐ Labrador-Grenfell

Identify the Volunteer position and site that interests you:

Section C- AVAILABILITY

Days	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Hours							

Regarding volunteering, is there a specific area that interests you?

Please advise of any skills, experience, or knowledge you possess that would be an advantage in volunteering:

Section D- SIGNATURE **Please read and check before signing:**

☐ I understand that submitting this does not guarantee a volunteer position as a volunteer.
☐ I understand that I will be contacted following my application to discuss my interest in more detail.

I confirm the information provided to be accurate:

Signature:_____ **Date (dd/month/yyyy):** _____

Parental/Guardian Consent is required for youth aged 14 to 17 years to volunteer.

I consent for my child to volunteer at NL Health Services

Parent/Guardian Name (please print):

Phone (home/work/cell): _____ Email: _____

Signature: _____ Date (dd/month/yyyy): _____

Please submit this completed application by email to: volunteer.resources@nlhealthservices.ca