

Jeffery Hale Community Services

Location: 1270, ch. Sainte-Foy, Bureau 1124, Québec

Mailing address: 1250, ch. Sainte-Foy, QC, G1S 2M6

www.jhsb.ca Fax: 418 681-9265

Telephone: 418 684-JEFF (5333), ext. 1550

## **Volunteer Application**

Information in this form is optional except references and will remain confidential

| Family name                  |   | F            | irst name                        |                 |              |              |               |  |  |
|------------------------------|---|--------------|----------------------------------|-----------------|--------------|--------------|---------------|--|--|
| Address                      |   | Apartment    |                                  |                 |              |              |               |  |  |
| City                         |   | В            | Borough (Ste-Foy, Sillery, etc.) |                 |              |              |               |  |  |
| Postal code                  |   |              |                                  |                 |              |              |               |  |  |
| Home phone ( )               |   | V            | Vork phone (                     | ( )             |              |              |               |  |  |
| Cell phone ( )               |   | Е            | -mail                            |                 |              |              |               |  |  |
| In case of emergency, notify | y (name, rel                                    | ationship, p | phone)                           |                 |              |              |               |  |  |
| Are you in good health?      |   |              |                                  |                 |              |              |               |  |  |
| If you have a physical or mo | ental disabi                                    | lity that ma | y limit you i                    | n your role a   | s a voluntee | r, how can   | we            |  |  |
| Do you have any allergies o  | r dislikes (s                                   | moke, cats   | dogs, etc.)?                     | •               |              |              |               |  |  |
| Languages spoken             |   |              |                                  |                 |              |              |               |  |  |
| Occupation (previous occup   | oation if reti                                  | red, unemp   | loyed)                           |                 |              |              |               |  |  |
| Education/Training           |   |              |                                  |                 |              |              |               |  |  |
| Skills/Hobbies               |   |              |                                  |                 |              |              |               |  |  |
| Describe your favourite vol  | unteer or w                                     | ork experie  | nce                              |                 |              |              |               |  |  |
| How did you hear about Jef   | fery Hale C                                     | ommunity     | Services?                        |                 |              |              |               |  |  |
| Why do you wish to volunte   | eer at JHCS                                     | ?            |                                  |                 |              |              |               |  |  |
| In which setting(s) do you p | rk?   |              | alone 🗆                          | partne          | r 🛚          | group $\Box$ |               |  |  |
| Do you have a car?           |   |              |                                  |                 |              |              |               |  |  |
| Availability                 |   |              |                                  |                 |              |              |               |  |  |
| Date available to start      | Are you available for an interview before then? |              |                                  |                 |              |              |               |  |  |
| Time(s) available            | Mon   | Tue          | Wed                              | Thu             | Fri          | Sat          | Sun           |  |  |
| Morning                      |   |              |                                  |                 |              |              |               |  |  |
| Afternoon                    |   |              |                                  |                 |              |              |               |  |  |
| Evening                      |   |              |                                  |                 |              |              |               |  |  |
|                              | *C**** 70*                                      | na indiantas | the time on                      | 1 dans suls and | logg volumt  |              | ortunities oc |  |  |

## Area(s) of interest

| Sh                   | *                            | -     | nay contact our Volunteer Coordinas and help you find the volunteer |        | o meet (418 684-5333 ext. 1550). nat is best suited to your interests |
|----------------------|------------------------------|-------|---|--------|---|
|                      | Baby Puree Workshops         |       | Friendly Visits   |        | Travellin' Toddler Time   |
|                      | Caring Circle Café           |       | Grocery Shopping/Errands  |        | Transportation  |
|                      | Chitchat Club                |       | Income Tax  |        |   |
|                      | Community Events             |       | In-home Stimulation Program   | Ch     | ristmas Hamper Campaign   |
|                      | Creative Expressions         |       | Special Needs   |        | □ Driver/Helper   |
|                      | Day Centre                   |       | Take-a-Break Drop In  |        | □ Sorter/ Packer  |
|                      | Friendly Calls               |       | Telephone Check In  |        |   |
|                      | haracter References          | (some | one who is not a member of your<br>Relationship                     | famil  | y)  |
|                      |                              |       | *   |        | D +1G 1   |
| _                    | ldress                       |       | City  | Prov   | Postal Code   |
| Da                   | aytime Phone ( )             |       |   |        |   |
| 2. Name Relationship |                              |       |   |        |   |
| A                    | ldress                       |       | City  | Prov   | Postal Code   |
| Da                   | ytime Phone ( )              |       |   |        |   |
| I, th                | e undersigned, authorize the | Volur | nteer Coordinator to check the refe                                 | rences | I have provided I understand that                                     |

For a description of the following services that are all supported by volunteers, please visit the Community Services page then "Become a Volunteer" on our website (<a href="www.jhsb.ca">www.jhsb.ca</a>). Check off all the areas that interest you. Once

Thank you for sharing an interest in volunteering for Jeffery Hale Community Services. We look forward to meeting you!