



Community Wellness Centre at Jeffery Hale
 1270, chemin Sainte-Foy, bureau 2000
 Québec Qc G1S 2M6
abilodeau@jhparkers.net
 418 684-5333, ext. 1550



Volunteer Application

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

Family name _____ First name _____

Address _____ Apartment _____

City _____ Postal code _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

In case of emergency, notify (name, relationship, phone) _____

Are you in good health? _____

If you have a physical or mental disability that may limit you in your role as a volunteer, how can we accommodate you?

Do you have any allergies or dislikes (smoke, cats, dogs, etc.)? _____

Languages spoken _____

Occupation (previous occupation if retired, unemployed) _____

Education/Training _____

Skills/Hobbies _____

Describe your favourite volunteer or work experience _____

How did you hear about the community Wellness Centre at Jeffery Hale? _____

Why do you wish to volunteer with us? _____

Do you prefer to work alone, with a partner, or in a group? _____

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							

*We have the greatest need for volunteers from Monday to Friday

Area(s) of interest

For a description of the following services that are all supported by volunteers, please visit the “Get Involved” section on the community Wellness Centre website (wejh.ca). Check off all the areas that interest you.

- | | | |
|--|---|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Friendly Calls/ Visits | <input type="checkbox"/> Telephone Check-In |
| <input type="checkbox"/> Chitchat Club | <input type="checkbox"/> Grocery Shopping/Errands | <input type="checkbox"/> Travellin’ Toddler Time |
| <input type="checkbox"/> Community Art | <input type="checkbox"/> Health Promotion Agent | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Income Tax | Community Christmas Hamper Campaign |
| <input type="checkbox"/> Day Centre | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Driver/Helper |
| <input type="checkbox"/> Event Photography | <input type="checkbox"/> Take-a-Break Drop-In | <input type="checkbox"/> Sorter/Packer |

Previous experience working in your area(s) of interest

Character References (someone who is not a member of your family)

1. Name _____ Relationship _____

Address _____ City _____ Prov. _____ Postal Code _____

Daytime Phone _____

2. Name _____ Relationship _____

Address _____ City _____ Prov. _____ Postal Code _____

Daytime Phone _____

I, the undersigned, authorize the Volunteer Coordinator to check the references I have provided. I understand that the information will remain confidential and will be read only by authorized individuals in accordance with privacy legislation as necessary to respect the organization’s Duty of Care.

Your signature _____ Date _____

**Once you have completed the form, please email it to Amy Bilodeau,
Volunteer Coordinator abilodeau@jhparkers.net.**

Thank you for your interest in volunteering with the Wellness Centre,
managed by Jeffery Hale Community Partners.