



# 2020/21 VOLUNTEER FORM

Confidentiality Form:  Photo Release:  CV:  Police Check:

Board of Directors: <input type="checkbox"/>	Communications <input type="checkbox"/>	Committee <input type="checkbox"/>	Finance <input type="checkbox"/>
Program Coordinator <input type="checkbox"/>	Administration <input type="checkbox"/>	AGM <input type="checkbox"/>	Event <input type="checkbox"/>

## Contact Information:

(Please Print)

First Name:  Last Name:

Home/Cell Phone:  Email:

Street Address:

City:  Province:  Postal Code:

Gender:  Male  Female Other: \_\_\_\_\_ Age:  Young Adult 16-30  Adult 31-64  Senior 65+

## Emergency Contact Information:

Emergency Contact:  Emergency Phone:

## Medical Information:

Medicare card number:  -  -

Do you have any medical condition/disability that we should be aware of?  Yes  No

If so please explain:

Do you have any allergies?  Yes  No If so, please indicate:

Do you have an EpiPen?  Yes  No Where do you keep it?

## Volunteer Information:

Are you a member of Hear Québec?  Yes  No

How did you learn about Hear Québec (formerly CHIP)?

HEARHEAR Magazine  Website  Facebook  Kiosk

Professional Referral  Friend Referral  Volunteer Bureau of Montreal (VBM)  Other: \_\_\_\_\_

