



2022/23 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)?

<input type="checkbox"/> HEARHEAR Magazine	<input type="checkbox"/> Website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Kiosk
<input type="checkbox"/> Professional Referral	<input type="checkbox"/> Friend Referral	<input type="checkbox"/> Volunteer Bureau of Montreal (VBM)	<input type="checkbox"/> Other: _____

