Hear E Québeo	ntendre	:	2	202	2/23	3 VO	LUN	TEE	R FO	ORM
Quebec	~	С	onfidential	ity For1	m: 🗌 🛛 🛛	Photo Rel	ease:	CV :	Police C	heck:
	Board of Directors:CommunicationsOProgram CoordinatorAdministration						Commi A	ttee		nance
Contact Info	rmatio	1:							(Plea	ase Print)
First Name:					Last Na	ame:				
Home/Cell Phon	ie:				Email:					
Street Address:										
City:				Pro	vince:		Pos	tal Code:		
Gender: Ma	ale	Female C	ther:	i	Age:] Young Ad	ult 16-30	Adult 3	1-64] Senior 65+
Emergency (Contact	Informa	tion:							
Emergency Contact: Emergency Phone:										
Medical Info	rmatio	n:								
Medicare card n	umber:					-				
Do you have an	y medical	condition/c	lisability that	we shou	ıld be awa	are of?	Yes	No		
If so please exp	plain:									
Do you have an	y allergie	s? 🗌 Ye	s 🗌 No	Ŀ	f so, pleas	se indicate:				
Do you have an	EpiPen?	Ye	s 🗌 No	V	Where do	you keep	it?			
Volunteer Inf	formati	on:								
Are you a memb	er of Heaı	Québec?	Yes	No No						
How did you lea	arn about	Hear Québe	ec (formerly (CHIP)?						
HEAR HEAR	•		ebsite			acebook			osk	
Professional Referral Friend Referral Volunteer Bureau of Montreal (VBM) Other:										

Hear Entendre Québec 7000 Rue Sherbrooke West/Ouest, Montréal, Québec H4B 1R3 Phone/Tél: 514-488-5552 ext/poste: 4500 | Cell/Text: 514-797-2447 | info@hearhear.org | www.hearhear.org

	vant to volunteer wit d off other, please ex			School:	To give b	ack:	Other:
	. on onio, prodo on	<u>F</u>					
What are you	ur interests or hobbi	es?					
Area of inte	erest for volunte	ering:					
Board of	Directors						
Board Co	ommittee						
Programs	S						
Peer Mer	ntor						
Administ	ration						
Fundrais	ing						
	nication						
Website	/ Social Media						
Event:							
Other:							
Office use		2. End date (if a	pplicable)	/	/ 7	Advisor	
Reason for leav	year month day			year mo	onth day		
	ving.			Pagar	amondation to re	turn Voq	
Comments:				Recon	nmendation to re	eturn: 🔄 Yes	No
		U	ear Entendr	Québec			

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