VOLUNTEER FORM

Confidentiality Form: ☐ **Photo Release:** ☐ **CV:** ☐ **Police Check:** ☐

Board of Directors: ☐ **Communications** ☐ **Committee** ☐ **Finance** ☐
Program Coordinator ☐ **Administration** ☐ **AGM** ☐ **Event** ☐

Contact Information:

(Please Print)

First Name: ____ Last Name: ____

Home/Cell Phone: ____ Email: ____

Street Address: ____

City: ____ Province ____ Postal Code: ____

Gender: ☐ Male ☐ Female ☐ Nonbinary 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? ____

Do you have a hearing loss? ☐ Yes, diagnosed ☐ Yes, Suspected ☐ Hidden Hearing Loss ☐ No

I identify as: ☐ deaf (Oral) ☐ Deaf (ASL) ☐ Hard of Hearing ☐ N/A

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

Volunteer Information:

Are you a member of Hear Québec? ☐ Yes ☐ No

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

☐ **HEAR**HEAR Magazine ☐ Website ☐ Facebook ☐ Kiosk

☐ Professional Referral ☐ Friend Referral ☐ Volunteer Bureau of Montreal (VBM) ☐ Other: ____________

Why do you want to volunteer with us? Stage: ☐ School: ☐ To give back: ☐ Other: ☐

If you checked off other, please explain why

What are your interests or hobbies?

Area of interest for volunteering:

☐ Board of Directors

☐ Board Committee

☐ Programs

☐ Peer Mentor

☐ Event:

☐ Other:

☐ Administration

☐ Fundraising

☐ Communication

☐ Website / Social Media

Office use only

1. Start date: ______ /_____ /_____
   year month day
2. End date (if applicable) ______ /_____ /_____
   year month day

Advisor ____________________

Reason for leaving:

Comments:

Recommendation to return: ☐ Yes ☐ No

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