Hear Entendre
Québec

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

☐ Administration

☐ Fundraising

☐ Communication

☐ Website / Social Media

☐ Event:

☐ Other:

Office use only

1. Start date: _____ /____ /____ 2. End date (if applicable) _____ /____ /____ Advisor _____

year *month* *day* *year* *month* *day*

Reason for leaving:

Comments: Recommendation to return: ☐ Yes ☐ No

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