

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

## 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: \_\_\_\_\_

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  Administration  
 Board Committee  Fundraising  
 Programs  Communication  
 Peer Mentor  Website / Social Media

Event:

\_\_\_\_\_

Other:

\_\_\_\_\_

### Office use only

Start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End date (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Advisor \_\_\_\_\_  
*year month day year month day*

Reason for leaving:

\_\_\_\_\_

Comments:

Recommendation to return:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_