



# Maritime Heart Center Volunteer Application Form



## Personal Information:

### Personal Information

<b>Date:</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Initial:</b>
<b>Address:</b>	<b>Telephone:</b>	
<b>City:</b>	<b>Cell Phone:</b>	
<b>Postal Code:</b>	<b>Email:</b>	
<b>Occupation:</b>	<b>Languages Spoken:</b>	<b>Written:</b>

### Education/Training

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### Hobbies and Interests

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## Volunteer Information:

### Volunteer Experience

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**Volunteer Availability: Please indicate when you are available to volunteer**

AVAILABILITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					
Evenings					

Volunteer Opportunities	Check all opportunities of interest	Volunteer Opportunities	Check all opportunities of interest
Parent Package Assembly		Participant Profile Data Entry	
Administration of Educational Sessions		H2K Lunch Volunteer	
PACER Fitness Test Administration and Scoring		Volunteer Coordinator – Type A	
Pedometer/Website Training		Volunteer Coordinator – Type B	
Authorization and Parent Survey Data Entry			

**Why are you interested in becoming a volunteer with the Maritime Heart Center’s H2K program?**

**What are your personal expectations of the volunteer experience?**

**References:**

**References: Please supply the names and phone numbers of two references (not relatives or friends) who know your qualifications and character.**

Name	Relationship	Phone #	Email
Name	Relationship	Phone #	Email

**Emergency Contacts**

Name	Relationship	Phone#
Name	Relationship	Phone#

**PLEASE NOTE**

I understand that **NOT** everyone who applies is accepted as a volunteer. I understand that as a volunteer I am responsible for my own transportation to and from the Maritime Heart Center and/or any other location in which I am assigned to volunteer.

References will be checked. All volunteer positions are subject to a probationary period and ongoing evaluation. Volunteers will be required to have a Criminal Record Check and Child Abuse Registry completed prior to acceptance.

Signature of Applicant

Date:

**Thank you for applying to volunteer at the Maritime Heart Center!**

**Maritime Heart Center  
508-5991 Spring Garden Road  
Halifax, NS  
B3H1Y6  
(t) 902.446.3669  
(f) 902.446.4346**

**OFFICE USE ONLY**

Interview Date:

Assignment:

Start Date:

Criminal Record Check:

Child Abuse Registry:

Reference Checks:

Comments