



# Maritime Heart Center Volunteer Application Form

**Personal Information:**

| Personal Information |                   |          |
|----------------------|-------------------|----------|
| Date:                |                   |          |
| Last Name:           | First Name:       | Initial: |
| Address:             | Telephone:        |          |
| City:                | Cell Phone:       |          |
| Postal Code:         | Email:            |          |
| Occupation:          | Languages Spoken: | Written: |

| Education/Training |
|--------------------|
|                    |

| Hobbies and Interests |
|-----------------------|
|                       |

**Volunteer Information:**

| Volunteer Experience |
|----------------------|
|                      |

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

| AVAILABILITY               | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------------------------|--------|---------|-----------|----------|--------|
| Mornings<br>(9:00-12:00)   |        |         |           |          |        |
| Afternoons<br>(12:00-5:00) |        |         |           |          |        |
| Evenings<br>(5:00-...)     |        |         |           |          |        |

Weekends: \_\_\_\_\_

| Volunteer Opportunities | Check all opportunities of interest | Volunteer Opportunities  | Check all opportunities of interest |
|-------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Data Entry              |                                     | Heart Healthy Kids (H2K) |                                     |
| Special Events          |                                     | Open Heart Support Group |                                     |
| Other: _____            |                                     |                          |                                     |

**Why are you interested in becoming a volunteer with the Maritime Heart Center?**

**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 |
|------|--------------|---------|-------|
|      |              |         |       |
|      |              |         |       |

**Emergency Contacts**

| 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 to 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, Vulnerable Persons, 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:

Vulnerable Person:

Comments: