

Health Sciences North Foundation Volunteer Application Form

*Applicants must be a minimum of 15 years of age to apply.

Please take the time to answer each question carefully and make sure to fill out the form completely.

Personal Info	
First Name:	Last Name:
	City:
	Email:
	Date of Birth:
Current status that best describes you:	
□ Adult □ Student □ Retired □ O	ther
Current Education/Employment:	
Please describe any past volunteer or work of volunteer placement:	experience that you think would be beneficial to your
Please indicate any skills/interests/training t Please check all that apply.	that you feel will contribute to your success as a volunteer.
□ Administrative Work	□ Arts and Crafts
□ Computer/IT	□ Customer Service
	□ Event Planning
□ Fundraising	□ Music
☐ Sports/Physical Activities	□ Other:
Have you been convicted of a criminal offen	nce for which a pardon has not been granted? Yes No
I acknowledge that there are some positions Smart Serve certification, and/or a driver's li	s that may require me to provide a police records check, icence.
I certify that the statements made on this ap	pplication are true.
not limited to the following experiences: dis	exposed to various circumstances. These can include, but are sturbing incidents and perhaps crisis situations. Your health or their information please feel free to discuss this with an 7130 or foundation@hsnsudbury.ca.
Applicant	Date
Parent or Guardian	 Date

