



## SOUTH GEORGIAN BAY COMMUNITY HEALTH CENTRE

### VOLUNTEER INFORMATION SHEET

Thank you for your interest in volunteering at the SGBCHC. The information on this form will help us to find the most satisfying and appropriate placement for you. Please print and fully complete the form below. If you require assistance in filling out this form, do not hesitate to let us know. All information shared below will remain confidential.

#### Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

Preferred method of contact: Phone: \_\_\_ Text: \_\_\_ Email: \_\_\_

Do we have permission to leave a message? Yes \_\_\_ No \_\_\_

Email address: \_\_\_\_\_

#### In Case of Emergency:

Emergency Contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I want to volunteer at the SGBCHC because I like to:** (choose ALL that apply)

- Learn new skills
- Meet new people
- Keep busy
- Share my knowledge/skills/talents
- Personal satisfaction
- Show appreciation for help received
- Help others explore career opportunities
- Other \_\_\_\_\_

There are many volunteer opportunities with CHC and we want to find the best fit for you. More specific questions regarding your skills, hobbies and interests will be asked when interviewed. Please check all that apply.

- Workshops/Presentations
- Special Events
- Community Engagement
- Leading groups
- Administrative

At the SGBCHC, we value individuals with diverse backgrounds, lived-experience, and specific qualifications alike. All skills and experience are considered equal. Check all that apply and if you are willing to share, please share as much detail as you are comfortable:

- I have lived experience with a specific chronic health condition or chronic pain (please explain)

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- I have lived experience with a social justice issue (examples: poverty, homelessness, cultural oppression, racism, physical disability, addictions, unemployment, etc.)

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- I have lived experience that makes me interested in supporting specific program topics (example: a new parent, grief, mental health issues, etc.)

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- I have certifications/qualifications for teaching specific workshops (example: yoga, Pilates, mental health practitioner, naturopath, teacher, Getting Ahead facilitator, etc.)

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**I am available to volunteer:** (Select (X) ALL times you are available):

<b>Time of Day</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
Morning 8:30-12:00						
Afternoon 12:00-4:00						
Evening 4:00-8:00						

**Months I am available:** (Select (X) ALL times you are available):

January	February	March	April	May	June
July	August	September	October	November	December

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**Applicants under the age of majority must have a parent/guardian fill out the following:**

I am aware of and support my child/legal dependent's decision to volunteer with the SGBCHC.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Contact Number: \_\_\_\_\_