

# Volunteer Application Form

PLEASE PRINT CLEARLY. RETURN BY EMAIL TO [INFO@HIAA.CA](mailto:INFO@HIAA.CA) OR BY MAIL TO:  
 HIAA CUSTOMER RELATIONS, 1 BELL BLVD., ENFIELD NS B2T 1K2

DATE:

Please indicate your availability with check mark in blue boxes.

Weekdays:		Weekends:	
5 am – 8 am		8 am – Noon	
		Noon - 4 pm	
		4 pm – 8 pm	
		8 pm - Midnight	

**PERSONAL INFORMATION**

Mr.    Mrs.	Last Name:	First Name:
Ms.    Miss		

Street:

City:

Postal Code:

Home Telephone:

Email address:

Business Telephone:

Emergency Contact:

Telephone:

Relationship:

**Why are you interested in becoming a Tartan Team volunteer host?**

**WORK EXPERIENCE:**

**VOLUNTEER EXPERIENCE:**

**SPECIAL SKILLS & LANGUAGES SPOKEN:**

**REFERENCES:**

Name:	Telephone:
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Name:	Telephone:
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Name:	Telephone:
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Are you willing to commit to volunteering 4 hours per week for a minimum of one year?	Yes		No	
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How did you hear about the volunteer program? \_\_\_\_\_