Volunteer Application

NL HOUSING & HOMELESSNESS N·E·T·W·O·R·K

Contact Information

Full Name	
Street Address	
City/ Province/ Postal Code	
Home Phone	
Work/ Cell Phone	
E-Mail Address	
Date of Birth	

Availability

During what times/ dates of the year are you unable to volunteer?

_____

During which hours are you available for volunteer assignments?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

___ Administration
___ Events
___ Fundraising
___ Other (please specify): _____
___ Volunteer coordination

Why are you interested in volunteering with NLHHN? _____

_____

_____

How do you feel you would best contribute to NLHHN? Tell us more about yourself! _____

_____

_____

_____

Special Skills or Qualifications

Please summarize any skills or qualifications you have obtained through school, previous employment or training. This can include anything including certifications, languages, and education.

Previous Volunteer and Work-Related Experience

Do you currently volunteer with other organizations? If so list them here. Also, please include a list of previous volunteer/ work-related experience.

Emergency Contact Information

Name	
Relation	
Home Phone	
Work/ Cell Phone	
E-Mail Address	

Agreement and Signature

Name (printed)	
Signature	
Date	

Parental Signature (If Under the Age of 18)

If you are under 18, please include a signature from a parent or guardian

Name (printed)	
Signature	
Date	

All volunteers must also provide a copy of a current criminal record check.

If you have any concerns or inquiries about this application, please contact (709)-722-1030 or send an e-mail to info@nlhhn.org. Thank you for your interest in volunteering with NLHHN and we will be in contact with you soon!