Schizophrenia Society of Newfoundland & Labrador

# Volunteer Application Form

First Name:

Last Name:

Phone Number (include area code):

Email:

Street Address:

City:
Postal Code:

Emergency Contact:

Phone Number:

MUN Field of Study (if known):

Wanted Volunteer Position (list in order of desire):

1.

2.

Anticipated Start Date:

Hours per week (3-hour minimum):

General Availability (office open 8a-4p M-F):

What are some of your goals in the community?

Why are you interested in volunteering with the Schizophrenia Society?

Have you ever worked with people affected by mental illness? If yes, can you tell us in what capacity?

Can we provide any accommodations for you?

Any additional comments to add?

References:

1. Name: 2. Name:

Phone: Phone:

Email: Email:

Relationship: Relationship: