



Heritage Hall 28 John St, Shelburne ~ **Mayflower Place** 3466 Hwy #3, Barrington Passage ~ **Atlantic Waves** 16 Spruce St, Lockeport
Shelburne Group Home 117 Clements Street, Shelburne ~ **Barrington Developmental Residence** 3454 Barrington Passage
Independent Living Program Shelburne & Barrington

PO Box 59, 170 Water Street, Shelburne, NS BOT 1W0
Phone (902) 875-1083 Fax (902) 875-1056
Email sasi@ns.aliantzinc.ca Website www.supportinginclusion.ca

Volunteer Application

Name: _____

Address: _____

Postal Code: _____ Phone: _____

Languages: English French Sign Other

What Workshop, Program or Residence would you be interested in volunteering for?

Heritage Hall Sea Spray Atlantic Waves Supported Living Shelburne
 Supported Living Barrington Shelburne Group Home Barrington Developmental Residence

When would you be available? Fill in the appropriate boxes below.

Day Monday Tuesday Wednesday Thursday Friday Saturday

Hours to to to to to to

Name any Organizations you are or have been a member of:

Please indicate any training you may have:

First Aid Computer Non-violent Crisis Intervention
 CPR Suicide Intervention Other

Please indicate the type of activities you prefer:

Exercise Games Woodwork Dance
 Puzzles Computer Cooking Sports
 Puzzles Models Reading Painting
 Music Crafts Needlepoint Other

Are you willing to provide us with a Criminal Records Check?

Yes No

Do you have a valid driver's license?

Yes No

Do you have "Permission to Carry Passengers" Insurance \$1 million liability?

Yes No

Please provide three references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Applicant: _____ Date: _____