

The John Howard Society of Nova Scotia



www.ns.johnhoward.ca

541 Sackville Dr., Suite 1, Lr Sackville, NS B4C 2S1
E-mail Volunteer@ns.johnhoward.ca Phone (902) 429-6429 Fax to Email (902) 406-7619

Thank you for your interest in volunteering with our agency. Volunteers play a vital role in the delivery of our programs which ensure those involved with our agency have access to the support and advocacy they need to live productive and meaningful lives in the community. All volunteer application forms are reviewed with consideration of current volunteer opportunities. Applications will be kept on file for three months.

	Volunteer Car	ndidate Information	
Surname:		Given Name(s):	
Mailing Address:			
City/Province:		Postal Code:	
Telephone: (Home)	(Cell)	(Work)	
E-mail address:		Last digit of year of birth: (i.e. 1977 = 7):	
When could you start volunteering?			
For how long can you commit yourself	to at this time?	How many hours a week?	
How will you be traveling?	Do y	ou have a valid license?	
All of our offices are located where acco	ess is by stairs. W	ould this affect your ability to volunteer?	
How did you hear the John Howard So	ciety of Nova Sco	tia was looking for volunteers?	
What appeals to you about volunteering			
what skins or quanties do you have the	ii would assist yo	u in a volunteer position at this organization?	
	or Check from th	kground checks as these checks may include, you obtaining e local police, and the Society doing a Child Abuse Registry Yes No	
What is your educational background a	and have your un	dergone any relevant training? Please describe below.	
Do you have other volunteer experience kind of duties you were responsible for.		If so, where and when did this volunteering occur and wh	at
Volunteers Signature		Date	