Centre de santé communautaire de l'Estrie

Offer of services – Volunteers
Registration Form

First name:	**Last name:**
Address:	
Phone:	**Email:**

Please indicate the program for which you want to do volunteer work:

Exercise program ☐	Vaccination clinic ☐	Diabetes support group ☐	
Green Food Box Program (distribution of fruit and vegetables) ☐	Parkinson's support group ☐	Caregivers support group ☐	
Knitting club/card & sand bag games activities ☐	Office work ☐	Badminton club ☐	
Walking club ☐	Culinary squad ☐	Other: _____	

Are you available on a regular basis? ☐Yes ☐No **Specify:** _____

Please indicate the times when you are available:

DAY	Morning	Afternoon	Evening (after 4:30 p.m.)
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

When could you start working as a volunteer? _____

In what sector do you have work experience? _____

Are you willing to provide proof that you have no criminal record?
This proof must be dated no more than 6 months prior to the date of this application. The CSCE funder requires this document.

☐Yes ☐No

The CSCE complies with the Accessibility for Ontarians with Disabilities Act.

Please provide the contact information of two persons of reference, including if possible, one employer:

Name: _____

Relation: _____

Email: _____

Phone Number: _____

Name: _____

Relation: _____

Email: _____

Phone Number: _____

Please provide the contact information of two persons to contact in case of emergency:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

The CSCE mandate involves offering access to health care services to the French-speaking population in Eastern Ontario. Consequently, French is the language used in the CSCE workplace.

Do you agree to work mostly in French? ☐Yes ☐No