



**NL Health
Services**

Expression of Interest

Volunteer/Advisor/Partner

Section A - Contact Information			
Last Name:	First Name:	Middle Initial:	
Date of Birth (dd/month/yyyy):			
Address	City/Town	Province	Postal Code
Telephone Number:			
Email:			
Emergency Contact Number:			

Section B - Availability								
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	N/A
Hours								
How long are you able to commit? (select one):								
<input type="checkbox"/> Short term basis (up to 6 months)								
<input type="checkbox"/> Long term basis (longer than 6 months)								
Preferred Assignment/Facility:								

Section C - Area of Interest & Abilities
Are there any specific areas of interest/programs for you that is in relation to volunteering/advising?
Please identify any skills, experience, or knowledge you possess that would be advantageous to this role?

Section D - Reference
Please provide names, telephone numbers and email for 2 references:

Section E - Signature
I confirm the information I have provided is accurate.
Signature: _____ Date: _____