



# Student Volunteer Intake Form

## General information

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT (CIRCLE ONE):                      Email                      Telephone

POSITION START DATE: \_\_\_\_\_

POSITION END DATE: \_\_\_\_\_

ACCOMMODATIONS REQUIRED (eg. Allergies, accessibility requirements):

REQUIRED DOCUMENTATION ATTACHED:

- Reference Check                       Confidentiality Agreement
- Code of Conduct                       Liability Release Form

## Emergency Contact

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO VOLUNTEER: \_\_\_\_\_

## Declaration and Permissions

I have read and agree to the NCHC volunteer Code of Conduct and Confidentiality Policy  
 I hereby give my permission for NCHC to collect and store my personal information  
 I understand that my personal information may be shared with team members at NCHC if necessary.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

\_\_\_\_\_  
DATE

<p>Office use only</p>  <p>Volunteer hours summary</p> <p>Approved by:</p>
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