

## BOUTIQUE SANTÉ VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_

Telephone : \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

1. What days and times are you available to volunteer on a regular basis?

**Monday**      Morning                      Afternoon

**Tuesday**      Morning                      Afternoon

**Wednesday**      Morning                      Afternoon

**Thursday**      Morning                      Afternoon

**Friday**      Morning                      Afternoon

**Saturday**      Morning                      Afternoon

2. How often would you like to work?

Once a week, once every two weeks, once a month, or \_\_\_\_\_

3. Are there times of the year when you are: More available \_\_\_\_\_ ?

Not available \_\_\_\_\_

4. When would you like to start?

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send the completed application for to:

Jocelyne Alain by email:

[Jocelyne2855@gmail.com](mailto:Jocelyne2855@gmail.com) or by mail at:

1 ch Baie Simon, Duclos, QC J0X 1S0