

New Start Society

Volunteer Application Form

Name: _____

Address: _____

Phone: _____ (h) _____ (w)

Email: _____

What volunteer experience do you have?

What volunteer duty would you like to perform at New Start?

- | | |
|---|--|
| <input type="checkbox"/> board member | <input type="checkbox"/> facilitate a workshop |
| <input type="checkbox"/> committee member | <input type="checkbox"/> helping in the office |

Please provide us with 2 references

1. _____ phone: _____
2. _____ phone: _____

Summarize your experience and/or interest in New Start:

What are your three top skills you would bring to New Start?

- 1.
- 2.
- 3.

If you have a resume please attach with the application and send to:

Wendy Keen MSW RSW
Executive Director
45 Alderney Drive Suite 900
Dartmouth NS
B2Y 2N6

Email to: newstartwk@eastlink.ca

www.newstartcounselling.ca

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Tel: 902 423 4675