

### VOLUNTEER WORK FORM

**INSTRUCTIONS:** Any person wishing to work as a volunteer for the Quebec Lung Association must fill out this form and sign the agreement.

You must fill in the fields that apply to your situation. Fax the form, as well as all documents supporting your application, to the Quebec Lung Association at 514 287-1978 or email to: [benevolat@pq.poumon.ca](mailto:benevolat@pq.poumon.ca)

### GENERAL INFORMATION

Last name and first name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

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

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

### STUDENTS

Current level of education: \_\_\_\_\_

Will you be awarded credits for your volunteer work? yes  no

Signature of parent or tutor (for students 18 years of age or less): \_\_\_\_\_

### AVAILABILITY

Check the appropriate boxes

	8:30 a.m. to noon	1:00 p.m. to 4:30 p.m.
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

Do you have a particular physical or medical condition that we need to take into account? yes  no

If so, please specify: \_\_\_\_\_

Contact, in case of emergency: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, \_\_\_\_\_, promise to comply with the regulations of the Quebec Lung Association and hereby declare that I have filled out this form to the best of my knowledge.

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