



**Heritage Hall** 28 John St, Shelburne ~ **Mayflower Place** 3466 Hwy #3, Barrington Passage ~ **Atlantic Waves** 16 Spruce St, Lockeport  
**Shelburne Group Home** 117 Clements Street, Shelburne ~ **Barrington Developmental Residence** 3454 Barrington Passage  
**Independent Living Program** Shelburne & Barrington

**PO Box 59, 170 Water Street, Shelburne, NS BOT 1W0**  
Phone (902) 875-1083 Fax (902) 875-1056  
Email [sasi@ns.aliantzinc.ca](mailto:sasi@ns.aliantzinc.ca) Website [www.supportinginclusion.ca](http://www.supportinginclusion.ca)

## Volunteer Application

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

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Languages:  English  French  Sign  Other

What Workshop, Program or Residence would you be interested in volunteering for?

Heritage Hall  Sea Spray  Atlantic Waves  Supported Living Shelburne  
 Supported Living Barrington  Shelburne Group Home  Barrington Developmental Residence

When would you be available? Fill in the appropriate boxes below.

Day    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Hours    to    to    to    to    to    to

Name any Organizations you are or have been a member of:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any training you may have:

First Aid                       Computer                       Non-violent Crisis Intervention  
 CPR                                       Suicide Intervention                       Other

Please indicate the type of activities you prefer:

Exercise                       Games                       Woodwork                       Dance  
 Puzzles                       Computer                       Cooking                       Sports  
 Puzzles                       Models                       Reading                       Painting  
 Music                       Crafts                       Needlepoint                       Other

Are you willing to provide us with a Criminal Records Check?

Yes  No

Do you have a valid driver's license?

Yes  No

Do you have "Permission to Carry Passengers" Insurance \$1 million liability?

Yes  No

Please provide three references:

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

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

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_