

## **PCHS** Volunteer Application

First Name:	Last Name:		Applica	ation Date:	
Address:					
City:	Province:		Postal	Code:	
Phone:	Email Addre	ess:			
Your age category:					
☐ Youth under 18 D.O.B (if under 18	years of age)	:			
☐ Youth 18-24 ☐ Adults of 24 ☐ Seni	ors 60+				
Valid Driver's Licence ☐Yes ☐No		Do you have your o	wn trans	<b>sportation?</b> □Yes	□No
<b>Education:</b> ☐ High School ☐ College ☐					
Emergency Contact:	Re	lationship:		Phone:	
<ul> <li>1. How did you hear about Punjabi</li> <li>□ Website □ Social Media □TV/</li> <li>□ Word of mouth □ Family/Friend</li> </ul>	/Radio □ New d□ Client of o	vspaper □PCHS Hea our agency □ Other:		azine	
2. Please list languages you are flushed Speaking: Reading: Writing:	uent in (Spea	king, reading, and wr	iting):		
<ul><li>3. Have you ever been a client of F If yes, who took your case and wh</li><li>4. What do you hope to achieve wi</li></ul>	en?	past or present? □ `	∕es □ N	lo	
· ·	<i>lated).</i> □ Addictions	Program	eriatric Pr	rogram	eer work in
<u> </u>	☐ Group Prog	<del>-</del>	mmunity	/ Events	
6. Please indicate your availability	(days & times	s):			
Days Tin	ne				
□ Monday 					
□Tuesday					
□Wednesday					
□Thursday					
□Friday					

Please indicate the number of hours you would be able to commit to PCHS (Due to the nature of our programs we require a minimum of 4 months):



## **PCHS** Volunteer Application

Best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening

Application Signature  by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify freferences I have provided. I understand the information I have shared is confidential under may be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with foundation of the variety of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for 20VID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    First Name:   Date:	Name of the Organization/Co	ompany	Position/Title	Duration
Ill Name:   Full Name:   Relationship:   Relationship:   Phone:				
Ill Name:   Full Name:   Relationship:   Relationship:   Phone:				
Ill Name:   Full Name:   Relationship:   Relationship:   Phone:				
Ill Name:   Full Name:   Relationship:   Relationship:   Phone:				
Ill Name:   Full Name:   Relationship:   Relationship:   Phone:	Defenses / Dusvide ve use f			us wife the sinformations)
Relationship: Phone: Ph	· ·II M I = · · · ·	•		verily the information)
Application Signature  By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize the provided of the provided of the information I have shared is confidential turnay be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with vulnerable Sector Screening that is acceptable to Punjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search vith Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for 20/ID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting ny volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    First Name:   Date:			-	
Application Signature  By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information I have shared is confidental upon receipt of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses to SOVID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:  Parent/Guardian Signature  Date:  Parent/Guardian Signature  Support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi Community Health Services.  Parent/Guardian Signature:  Date:  Date:  Parent/Guardian Signature:  Date:  Date:  Parent/Guardian Signature:  Date:  Date:  Date:  Determining the applications will not be considered. A current resume must be included along with the appropriate and the properties of the properties o	honor		-	
Application Signature  by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize by signing below, I hereby certify freferences I have provided. I understand the information I have shared is confidential under may be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with foundation of the variety of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for 20VID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    First Name:   Date:	mail:	•	-	
By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize unjabi Community Health Services verify references I have provided. I understand the information I have shared is confidential ut may be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with Punjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search vith Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for COVID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    First Name:		•		
By signing below, I hereby certify that the information included in this application is true and complete. Additionally, I authorize unjabi Community Health Services verify references I have provided. I understand the information I have shared is confidential ut may be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with Punjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search vith Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for COVID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    First Name:	Application Signature			
Dunjabi Community Health Services verify references I have provided. I understand the information I have shared is confidential ut may be shared with relevant departments. I acknowledge that if I am successful in obtaining a volunteer position with runjabi Community Health Services, the volunteer position is conditional upon receipt of an original Police Records Search with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an exponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for 20VID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:    Parent/Guardian Signature   Date:		t the information	n included in this application	is true and complete. Additionally, Lauthorize
Parent/Guardian Signature  Date:  Dat				
Parent/Guardian Signature  Support this volunteer activity and give permission for my child  Community Health Services.  Parent/Guardian Signature:  Support this volunteer activity and give permission for my child  Community Health Services.  Parent/Guardian Signature:  Date:  Date:  Date:  Parent/Guardian Signature:  Date:  Date:  Date:  Parent/Guardian Signature:  Date:  Date				
with Vulnerable Sector Screening that is acceptable to Punjabi Community Health Services. I understand that I an esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for 20VID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:				
esponsible for any cost associated with this process. I am responsible to provide my proof of two vaccination doses for COVID-19. I understand that I have to attend any mandatory orientation session and complete the required trainings prior to starting my volunteer position. I understand and agree to comply with the roles and responsibilities of my volunteer position.  Last Name:				
Applicant Signature:  Date:  Parent/Guardian Signature  Last Name:  Date:  Parent/Guardian Signature  Date:  Date:	with Vulnerable Sector Screening	uial is accept	able to i ulijabi odilililulil	ty frouttre controcon i urruonotariu triut i ur
Last Name: Date:  Parent/Guardian Signature  Date:  PLEASE PRINT: TELEPHONE:  support this volunteer activity and give permission for my child community Health Services.  Parent/Guardian Signature: Date:  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the approximate www.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated	l with this proc	ess. I am responsible to pr	ovide my proof of two vaccination doses for
Applicant Signature:    Date:	responsible for any cost associated COVID-19. I understand that I have to	I with this proc attend any man	ess. I am responsible to pr datory orientation session and	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
Applicant Signature:    Date:	responsible for any cost associated COVID-19. I understand that I have to	I with this proc attend any man	ess. I am responsible to pr datory orientation session and	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
Parent/Guardian Signature Name of Parent/Guardian (Volunteers under the age of 18)  PLEASE PRINT: TELEPHONE:  support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi Community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the alwww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an	I with this proc attend any man	ess. I am responsible to pr datory orientation session and ply with the roles and respons	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
PLEASE PRINT: TELEPHONE:  support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the apawww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an	I with this proc attend any man	ess. I am responsible to pr datory orientation session and ply with the roles and respons	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
PLEASE PRINT: TELEPHONE:  support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the apawww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:	I with this proc attend any man nd agree to com	ess. I am responsible to produced datory orientation session and ply with the roles and responsible to produced with the roles and responsible first Name:	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
PLEASE PRINT: TELEPHONE:  support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the apawww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:	I with this proc attend any man nd agree to com	ess. I am responsible to produced datory orientation session and ply with the roles and responsible to produced with the roles and responsible first Name:	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi Community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the applications will not be considered. A current resume must be included along with the application of the provided application of the provided along with the application. ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:	I with this proc attend any man nd agree to com	ess. I am responsible to produced datory orientation session and ply with the roles and responsible to produced with the roles and responsible first Name:	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
support this volunteer activity and give permission for my child to participate as a Volunteer with Punjabi Community Health Services.  Parent/Guardian Signature: Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the applications will not be considered. A current resume must be included along with the application of the provided application of the provided along with the application. ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature	I with this proc attend any mand ad agree to com	ess. I am responsible to pr datory orientation session and ply with the roles and respons First Name: Date:	ovide my proof of two vaccination doses for doses for doses for doses for doses the required trainings prior to starting
Parent/Guardian Signature:  Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the apwww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers	attend any mand agree to complete to compl	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to predatory with the roles and responsible to predatory with the roles and responsible to predatory with the product of the	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
Parent/Guardian Signature:  Date:  ete and/or unsigned applications will not be considered. A current resume must be included along with the apwww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers	attend any mand agree to complete to compl	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to predatory with the roles and responsible to predatory with the roles and responsible to predatory with the product of the	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
ete and/or unsigned applications will not be considered. A current resume must be included along with the apwww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:	attend any mand agree to complete to compl	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible.  First Name:  Date:  of 18)  TELEPHONE:	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
ete and/or unsigned applications will not be considered. A current resume must be included along with the apwww.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For Volunteer inquiries please contact: peersupport@pchs4u.com Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  I support this volunteer activity and	attend any mand agree to complete to compl	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible.  First Name:  Date:  of 18)  TELEPHONE:	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
www.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For  Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  I support this volunteer activity and Community Health Services.	d with this process attend any mand agree to complete	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to particular to particular for my child to particular to pa	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
www.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For  Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  I support this volunteer activity and Community Health Services.	d with this process attend any mand agree to complete	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to particular to particular for my child to particular to pa	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
www.pchs4u.com  60 West Drive, Brampton, ON L6T 3T6 Phone: 905-677-0889 Fax: 1-855-326-7756 For  Volunteer inquiries please contact: peersupport@pchs4u.com  Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  I support this volunteer activity and Community Health Services.	d with this process attend any mand agree to complete	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to particular to particular for my child to particular to pa	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.
Volunteer inquiries please contact: <a href="mailto:peersupport@pchs4u.com">peersupport@pchs4u.com</a> Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers) PLEASE PRINT: I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:	d with this process attend any mand agree to complete	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to particular to p	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi
Volunteer inquiries please contact: <a href="mailto:peersupport@pchs4u.com">peersupport@pchs4u.com</a> Please return completed application by Email  fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers) PLEASE PRINT: I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:	d with this process attend any mand agree to complete	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to particular to p	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi
Please return completed application by Email fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT: I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Parent/Guardian Signature:	s will not be constant to the second and agree to compare the age	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to part of 18)  TELEPHONE:  In for my child to part or p	ovide my proof of two vaccination doses for complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi
fice use only:	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT: I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Parent/Guardian Signature:  Parent/Guardian Signature:  Parent/Guardian Signature:	s will not be a	responsible to production production or session and responsible to production session and responsible with the roles and responsible to particular to partic	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi  Sume must be included along with the appropriate to starting sibilities of my volunteer with Punjabi
	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  dete and/or unsigned applications  60 West Drive, Brar Volunteers	s will not be a mpton, ON L6 per inquiries plant	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to parts.  Date:	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi  Sume must be included along with the appropriate as 1-855-326-7756 For t@pchs4u.com
Application received on. Oalididate Contacted on.	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers) PLEASE PRINT:  I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Parent/Guardian Signature:  Support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Sete and/or unsigned applications  60 West Drive, Bran Volunteer	s will not be a mpton, ON L6 per inquiries plant	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to parts.  Date:	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi  Sume must be included along with the appropriate as 1-855-326-7756 For t@pchs4u.com
	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers)  PLEASE PRINT:  support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  dete and/or unsigned applications  60 West Drive, Bran Volunteer Signature (Volunteers)	s will not be a mpton, ON L6 peer inquiries please return	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to parts.  Date:  Date:  Date:  Date:  Considered. A current responsible to parts.	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer along with the appropriate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer with Punjabi
	responsible for any cost associated COVID-19. I understand that I have to my volunteer position. I understand an Last Name:  Applicant Signature:  Parent/Guardian Signature Name of Parent/Guardian (Volunteers) PLEASE PRINT:  I support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Parent/Guardian Signature:  Support this volunteer activity and Community Health Services.  Parent/Guardian Signature:  Sete and/or unsigned applications  60 West Drive, Bran Volunteer	s will not be a mpton, ON L6 peer inquiries please return	ess. I am responsible to predatory orientation session and ply with the roles and responsible to predatory orientation session and ply with the roles and responsible to parts.  Date:  Date:  Date:  Date:  Considered. A current responsible to parts.	ovide my proof of two vaccination doses for a complete the required trainings prior to starting sibilities of my volunteer position.  Tricipate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer along with the appropriate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer with Punjabi  Sume must be included along with the appropriate as a Volunteer with Punjabi