

## Volunteer Application Form

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Circle One:            Ms    Miss   Mrs.   Mr.

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

### Skills and Experience:

Volunteer/Work Experience: \_\_\_\_\_

\_\_\_\_\_

Special Skills and Experience: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

Education: \_\_\_\_\_

### Languages:

	Speak	<u>Fluency</u> Write	Both
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Areas of Interest & Time Preference**

- Reception
- Administration
- Fundraising Support

Day of Week	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- Special Events/Displays
- Community Involvement

Day of Week	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you have any physical or health conditions or restrictions that could affect the kind of volunteer work you do?       Yes       No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**References:**

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

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

***The Lung Association of Nova Scotia  
Is Smoke Free & Scent Reduced***

**Please return to:**

The Lung Association Nova Scotia  
200-6331 Lady Hammond Rd  
Halifax NS B3K 2S2

Tel: (902) 443-8141 Fax: (902) 445-2573 [lynettehollert@ns.lung.ca](mailto:lynettehollert@ns.lung.ca)

## Confidentiality and Conflict of Interest Guidelines for Volunteers

### TO BE READ AND SIGNED BY ALL VOLUNTEERS

All volunteers of The Lung Association of Nova Scotia in the regular course of their volunteer duties may handle or have access to personal and confidential information. Such information is to be used only for specific Lung Association purposes. You must also ensure that your interest does not conflict with that of the Lung Association.

#### **Confidentiality:**

- Volunteers shall not disclose, discuss, use, take advantage of, or benefit from information that is obtained in the course of their Lung Association duties and that is not generally available to the public.
- Volunteers shall not assist private entities or persons in their dealing with the Lung Association where this could result in preferential treatment to any person.
- Volunteers shall not directly or indirectly use, or allow the use of Lung Association property for anything other than their volunteer activities.

#### **Conflict of Interest:**

- Volunteers' personal interests must not conflict with the interests of the Lung Association or harm public support and/or respect necessary for the operation of the Lung Association.
- Volunteers must not commit the Lung Association to any expenditures or other liability without prior approval of their Lung Association Supervisor.

Volunteers who fail to comply with the above-mentioned guidelines are subject to such appropriate measure as may be determined by the Lung Association, including, where applicable, termination of their responsibilities as a volunteer.

I have read and agree to abide by the Guidelines as stated above. I understand that the Guidelines regarding confidentiality remain in effect even upon termination of my volunteer duties with the Lung Association.

\_\_\_\_\_  
Volunteer Name - Print

\_\_\_\_\_  
Witness Name - Print

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Smoke Free Policy

The Lung Association of Nova Scotia building and all Lung Association activities are entirely smoke free. Staff and volunteers are expected to respect this policy at all times during Lung Association business.

Only persons who are non smokers can volunteer at the Lung Association.

I, \_\_\_\_\_ hereby agree to adhere to the Smoke Free Policy of the Lung Association of Nova Scotia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Scent Reduced Policy

The Lung Association of Nova Scotia building and all Lung Association activities are designated scent reduced. Staff and volunteers are expected to respect this policy at all times during Lung Association business, by using scent-reduced products.

The Lung Association of Nova Scotia has volunteers and staff members who suffer with breathing illnesses and allergies. We recognize that many people who have difficulty breathing may have very strong physical reactions to scented products. What may smell pleasant to you may in fact cause physical harm to an individual living with breathing difficulties.

I, \_\_\_\_\_ hereby agree to adhere to the Scent Reduced Policy of the Lung Association of Nova Scotia by using scent-reduced products while attending all Lung Association events and while visiting the office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date