

# Volunteer Candidate Information Sheet

Thank you for your interest in volunteering with Heart & Stroke. Heart & Stroke volunteers save moments, fund breakthroughs and save lives through the generous contributions of time, skill and commitment.

Please take a moment to complete this information sheet. The information provided helps us match you to available roles. Once you've completed the sheet, please send to us at: **CN\_VolunteerEngagement@heartandstroke.ca**

## Contact information:

\*Required fields

<b>*First name:</b>	<b>*Last name:</b>	
<b>Preferred name:</b>	<b>*Phone:</b>	<input type="checkbox"/> Home <input type="checkbox"/> Business
<b>*Email:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Business
<b>*Address:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Business
<b>*City:</b>	<b>*Province:</b>	<b>*Postal Code:</b>

**Preferred language:** English French

**How do you identify?** Man Woman Other Prefer not to answer

**For volunteers under 18 (optional):** Please specify your birthday so we can find the best opportunity for you: \_\_\_\_\_ (mm/dd/yyyy)

**Have you previously volunteered with us?**  YES  NO

If yes, please tell us about how you were involved \_\_\_\_\_

**Please tell us why you're interested in getting involved:**

- I would like to share my skills and give back to the community
- I would like to gain new experiences
- I would like to meet new people
- I would like to fulfill service hour requirements
- Other \_\_\_\_\_

**Are you interested in a specific role?**

- No, I'd like to help wherever my skills are the best fit
- Yes, I'd like to help with \_\_\_\_\_

## Emergency contact information

\*Required fields

<b>*Name:</b>	<b>*How do you know them?</b>
<b>*Phone:</b>	<b>*Email:</b>

## Availability

**Please select all that apply:**

- Weekdays (9am-5pm)       Evenings (5pm-9pm)       Weekends       Open/Changing schedule

**I am interested in volunteering for:**

- Short-term basis (up to 3 months)       Longer-term basis (6 months- 1 year+)       Occasional (project work, as needed/available)
- Regularly (weekly or a few times a month)       Event Days Only (only for a specific event)

**Are you interested in volunteering virtually and/or in person (check all that apply):**

- Virtually       In person

**Are there any time(s) of the year you are unavailable to volunteer?**

- No, I'm available year round
- Yes, I am unavailable at certain times (please specify) \_\_\_\_\_

**Have you ever been convicted of criminal offence for which a pardon has not been granted?**     YES     NO

**How did you hear about us? Please check all that apply:**

- Website       Newspaper       Friend       Flyer       Local Volunteer Centre
- Other \_\_\_\_\_

Thank you for your interest in volunteering at Heart & Stroke. Please provide up to two references who can speak to your skills related to the role you have applied for. These people will only be contacted if you are selected to volunteer with us. Please be sure to indicate how you know this person i.e. supervisor, colleague, team mate.

Reference Name	How do they know you?	Reference Phone Number	Reference Email

By signing below, I give Heart & Stroke permission to contact the above listed references in order to assess suitability for the volunteer role I am applying for.

All information collected in this document is for internal use only and will not be sold or shared with anyone outside of Heart & Stroke. All documents are stored in a secure location and may be shared only with designated employees.

**Email Opt-In:**

Yes, please add my email address to receive updates from the Heart and Stroke Foundation

**Agreement:**

By signing below, I acknowledge that the information provided is true and accurate and that any misrepresentation or omission may result in my disqualification as a volunteer.

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**Volunteer Signature**

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**Date:**

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**Signature of parent/guardian (if under 18)**

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**Date:**

**Privacy Statement:**

We are committed to protecting the privacy of your personal information. We may maintain a record of your interaction for donor-related, promotion and tax receipting purposes, where required. Occasionally, we may contact you with mission-related or program related communications. If you wish no further contact or have any questions or concerns regarding the privacy of your personal information, please contact the Chief Privacy Officer, at your provincial Heart and Stroke Foundation of Canada office at 1-888-HSF-INFO (473-4636) or <http://www.heartandstroke.ca/privacy-policy>