



BIRTH COMPANION PROGRAM

Volunteer Application Form

Last Name

First Name

Date

Mailing Address (Street or R.R., Town, Postal Code)

E-mail Address

Phone numbers:

Work: _____ Is it ok to call you at work? _____

Home: _____ Is it ok to call you at home? _____

Cell: _____ Is it ok to call you on your cell? _____

Languages Spoken:

English ___ French ___ Spanish ___ Other _____

Driver's License? Yes ___ No ___ Do you have a car? Yes ___ No ___

How did you hear about the Connections Program? _____

List any previous and/or Present Volunteer Jobs: _____

Describe any experience, interest, skill, training or work that would relate to working with teenagers:

Why are you interested in becoming a Birth Companion?

What personal qualities, life experience and professional experience do you have that would be of value in the role of Birth Companion?

Further comments or information you wish to offer:

Please list three character references:

1

Name	Home Phone	Cell Phone	Business Phone
Mailing Address (Street or R.R., Town, Postal Code)			Email address

2

Name	Home Phone	Cell Phone	Business Phone
Mailing Address (Street or R.R., Town, Postal Code)			Email address

3

Name	Home Phone	Cell Phone	Business Phone
Mailing Address (Street or R.R., Town, Postal Code)			Email address

Signature:

Date:

Thank you: Please mail or email to: **Connections Birth Companion Program** Attention: Facilitator
30 Bennett St. Carleton Place, ON K7C 4J9 or email
maureen@connectionsprogram.ca