

Connections Volunteer Birth Companion Program

Volunteer Application Form

Code)	
Code)	
Code)	
Is it ok to call you at home?	
Is it ok to call you on your cell?	
er	
o you have a car? YesNo	
ons Birth Companion Program?	
experience or volunteer jobs, and descorking with pregnant women:	cribe any experience,
Birth Companion?	
	Is it ok to call you on your cell? ber by you have a car? YesNo by shifth Companion Program? experience or volunteer jobs, and desc

What personal qualities or attri Companion?	butes do you have that you	feel would add value in the role of Birth
Further comments or information	on you wish to offer:	
Please list three character referer	nces that we will contact:	
Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., To	wn, Postal Code)	Email address
Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., To	wn, Postal Code)	Email address
3	Harris Blance	O II Di
Name	Home Phone	Cell Phone
Mailing Address (Street or R.R., Tow	n, Postal Code)	Email address
Signature:	Dat	re:
Thank you: Please mail or email to	c: Connections Birth Compar Attention: Maureen Hamptor	

Attention: Maureen Hampton 613 257 2779 3104 30 Bennett St. Carleton Place, ON K7C 4J9 Email; mhampton@connectwell.com