



VOLUNTEER APPLICATION

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VOLUNTEER INFORMATION

Full Name: _____
Date of Birth: _____
Address: _____
City/Prov.: _____ Postal Code: _____
Cell Phone: _____
E-mail Address: _____

In what area would you like to become a volunteer with Turnings?

- Circles Of Support and Accountability (CoSA)
- Fund Raising Communities
- Social Committee
- Contact Committee

VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with **Turnings** will entitle me to certain information about service users which should be treated as confidential. All information given to me by a service users/staff/other bodies will be held with the utmost confidentiality. At no time will I discuss any information regarding's Turnings and its users with anyone outside this organization. I recognize that all material and papers pertaining to Turnings and its content are legal documents and all information contained therein is confidential.

Volunteer Signature: _____ Date: _____