

**Contact Information** (Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**1. What sort of health treatments are you able to offer? Do you have a specialization/certification?**

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**2. What would a one-hour session with you look like?**

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**3. What sort of women, or specifically what health conditions would most benefit from your treatments?**

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**4. What supplies would you need us to provide for your sessions?**

*(Note: As a starting point, we have a 'healing room', equipped with seating area, heated massage table, clean linens, stereo for iPod/iPhone, room heater, and we can provide copies of handouts if you wish.)*

**5. Do you have practice insurance, and can you provide a copy to the centre?**  Yes  No *(Please select one)*

**6. Are you willing to provide your information for our website?**  Yes  No *(Please select one)*

If yes, could you provide us with the following, preferably as an email attachment?

- Full name, credentials / Photo / Short biography / Personal website and contact info *(optional)*

**7. NSWC operates from a feminist perspective. What does "Feminism" mean to you?**

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**8. What are your goals for volunteering at the Centre?**

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**9. When are you available to volunteer?**

Mornings     Afternoons

Monday     Tuesday     Wednesday     Thursday

How many hours per week are you available? \_\_\_\_\_

**10. Are you able to give a commitment of 3 to 6 months?**     Yes     No     Unsure

**11. How did you hear about the North Shore Woman's Centre?**

\_\_\_\_\_

**12. Do you have any health concerns/other issues that may affect your volunteer work?**

\_\_\_\_\_

**13. What are your preferred languages?**

\_\_\_\_\_

**14. Other Comments or questions?**

\_\_\_\_\_

<b>References:</b>	
<b>Personal</b>	<b>Name:</b> _____
	<b>Telephone #:</b> _____
<b>Business</b>	<b>Name:</b> _____
	<b>Title:</b> _____
	<b>Company:</b> _____
	<b>Telephone #:</b> _____
<i>* Please sign and date giving NSWC consent to contact references.</i>	
<b>Signature</b> _____	<b>Date:</b> _____

Please submit the *completed* form by mail, email, or fax to:

**North Shore Women's Centre**

131 East 2<sup>nd</sup> Street, North Vancouver, BC V7L 1C2

Tel. (604) 984-6009 | Fax. (604) 980-4661 | [info@northshorewomen.ca](mailto:info@northshorewomen.ca)

**\* THANK YOU FOR YOUR WONDERFUL SUPPORT \***

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**OFFICE USE ONLY**

(Indicate Date Received, Initial and Write any other Relevant Information)

\_\_\_ Application Received: \_\_\_\_\_

\_\_\_ Interviewed: \_\_\_\_\_

\_\_\_ Placed: \_\_\_\_\_

\_\_\_ Letter of Reference: \_\_\_\_\_

\_\_\_ Evaluation: \_\_\_\_\_