

Small Business Advisory Service: Enrolment Form

This service is designed to help you get started on your small business health and safety program by matching you with a health and safety expert. Once your registration for the service is confirmed, an advisor will be assigned to work with you.

ENROLMENT FORM

Please email or fax your completed form to:

Company Name: _____

Owner's Name: _____

Business Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Business Telephone Mobile (alternate #): _____

E-mail: _____

Best Time to connect: Morning
 Afternoon

Program Eligibility (Less than 20 employees): Yes
of employees: _____

Type of Business: _____

Regular Business Hours: _____

FOR WSPS USE ONLY

Completed forms submitted to WSPS will be reviewed for final validation and matching with a Volunteer Advisor

Partnering the Business Owner and the WSPS Volunteer Advisor

Match: _____

Volunteer Name: _____

Agreed Start Date: _____

Total # of hours: _____

Additional Notes: _____

Volunteer Programs Department

Program Completion Date: _____