

# 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: \_\_\_\_\_