

Childcan Volunteer Application Form

Thank you for your interest in helping Childcan! Please take a few moments to fill out the following Volunteer Application Form

CONTACT INFORMATION

Date:		
Name:		
Address:		
City: Postal Code:		
Phone (home): Phone (cel	II):	
Email:		
Preferred method of communication: □ Ema	il 🗆 Text	□ Phone
Languages spoken:		
SKILLS PROFILE		
Occupation:		
Employer (optional):		
Previous/present volunteer or work experience		
Affiliations (optional) e.g. professional associa		
Hobbies:		

Please check your area(s) of interest: administrative help (i.e. data entry, financial reports) fundraising events (i.e. Polar Bear Dip, 10,000 Paces for 10,000 Faces) Day-of help Event organizing committee non-fundraising special events (i.e. Christmas Party) board member wherever needed Please list any medical conditions or restrictions you have that may affect your volunteer work with Childcan:

AVAILABILITY

Please indicate when you are usually available to volunteer:

Day	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

By signing below, you acknowledge that the information provided is true and accurate.	
Signature:	
Signature of parent/ guardian (if under 18):	_

Thank you!

Applicants will be contacted to discuss current opportunities. Childcan collects your personal information in order to help identify suitable volunteer opportunities for you. Only authorized Childcan staff and/or volunteers access this information. We may also contact you from time to time to ask for your help by providing a financial donation. If you prefer not to receive this kind of communication from us or for more information about our privacy policy, please call Childcan at 519-685-3500 or 1-800-966-0631