

Volunteer Intake Form

Calgary & Southern AB Chapter

First Name: _____ Last Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____ Postal Code: _____

E-mail: _____

Emergency Contact: _____ Daytime Phone: _____ Other: _____

Age Group 12 – 17 18 – 25 26 – 45 46 – 64 65+

Are you legally eligible to work/volunteer in Canada? Yes No

Are you bondable? Yes No

Please indicate which areas are of interest to you:

Events and Fundraising

- | | |
|--|---|
| <input type="checkbox"/> Special event coordination | <input type="checkbox"/> Great Strides Walk |
| <input type="checkbox"/> Special event (day of) volunteering | <input type="checkbox"/> Gift Wrap volunteer |
| <input type="checkbox"/> Fundraising campaigns | <input type="checkbox"/> Major gift fundraising |
| <input type="checkbox"/> Casino volunteer | <input type="checkbox"/> Workplace giving liaison |
| <input type="checkbox"/> Golf tournaments | <input type="checkbox"/> Specific event _____ |

Awareness

- | | |
|---|---|
| <input type="checkbox"/> Speaking opportunities | <input type="checkbox"/> Displays and awareness opportunities |
|---|---|

Leadership

- | | |
|--|---|
| <input type="checkbox"/> Event Chairperson | <input type="checkbox"/> Fund Development Committee |
| <input type="checkbox"/> Ad hoc leadership opportunities | <input type="checkbox"/> Community Engagement Committee |
| <input type="checkbox"/> Executive committee | |

How many hours per week are you available? _____ per month? _____

What days of the week and times are most convenient? _____

By submitting this volunteer intake form, I certify that the information and statements provided by me are true and accurate to the best of my knowledge. I acknowledge and accept that this application does not guarantee acceptance as a volunteer or give permission to act on behalf of Cystic Fibrosis Canada and that the organization is under no obligation to accept or assign me as a volunteer, and is not obliged to provide a reason. I understand that the volunteer / organization relationship can end at any time by either group.

I hereby release rights to photographs, video and / or statements taken by the organization to use in possible promotional or educational materials, including our website(s), Facebook, Twitter, etc.

Printed Name: _____ Signature: _____ Date: _____