



VOLUNTEER APPLICATION

Please print clearly

Name: _____
First name Last name

Address: _____
Apt. # Street Address

City: _____ Province: _____ Postal Code: _____

Home #: _____ Business #: _____

Fax #: _____ E-mail address: _____

Gender: Male Female Age: 18-29 30-45 46-59 60 +

Why would you like to volunteer with the ALS Society of BC?

Do you have a special connection to ALS? Yes No

If "yes" please explain: _____

List 3 words that describe you best:

Do you enjoy meeting new people? Yes No

Are you comfortable in a role of leadership? Yes No

Availability: Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

Please indicate the area(s) that you are interested in by checking the appropriate box(es).

Office Support Equipment Delivery Special Events

Public Awareness Support Group Facilitator Support Group Assistant

Fundraising Special Event Committee Member Home Visit Program

#1233-13351 Commerce Parkway, Richmond, BC V6V 2X7

Ph: (604) 278-2257 or 1-800-708-3228

Fax: (604) 278-4257 Email: volunteer@alsbc.ca

Website: www.alsbc.ca



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Volunteer History (If applicable)

1. Organization _____ Position _____

Contact Person _____ Phone _____

Duties _____

2. Organization _____ Position _____

Contact Person _____ Phone _____

Duties _____

References (not family please)

1. Name _____ Relationship _____

Company _____ Phone # _____

2. Name _____ Relationship _____

Company _____ Phone # _____

Person to contact in case of an emergency:

Name _____ / _____

Relationship _____

Phone # _____

Volunteer Agreement

Upon completion of this application, I hereby agree to abide by the policies and procedures of the ALS Society of BC.

Volunteer Signature _____ Date _____

NOTES: (Office Use Only)

Date Received: _____

Interview Date: _____

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