



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 Date of Birth: _____
(MM/DD/YYYY)

What has motivated you to complete an application to volunteer with the ALS Society of BC?

Do you have a special connection to ALS? Yes No
If "yes" please explain: _____

How did you hear about volunteering with us? _____

Please list the skills or abilities that you feel you could bring to a volunteer position:

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 Special Events Public Awareness Support Group Facilitator
Support Group Assistant Fundraising Special Event Committee Member

#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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