



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



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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) * individuals will be contacted via email to arrange a call

1. Name: _____ Relationship: _____

Company: _____ Email: _____

Phone #: _____

2. Name: _____ Relationship: _____

Company: _____ Email: _____

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: _____