



Support Group Facilitator VOLUNTEER APPLICATION

Please print clearly

Name: _____
First name Last name

Address: _____
Street Address Apt. #

City: _____ Province: _____ Postal Code: _____

Home #: _____ Business #: _____

E-mail address: _____

Gender: Male Female Age: 25-29 30-45 46-59 60 +

Why would you like to become a volunteer Support Group Facilitator for the ALS Society of BC? _____

Do you have a special connection to ALS? Yes No

If "yes" please explain: _____

What previous experience do you have leading discussion or support groups?

How would you describe your leadership style? _____

Have you ever had to deal with a close friend or relative diagnosed with a terminal illness?

Yes

No

How long ago? _____

Comments: _____



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Volunteer History

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 _____ / _____ Phone # _____
Relationship

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: _____