

Volunteer Application



Prostate Cancer
Centre

Contact Information

Name	
Street Address	
Postal Code	
Home Phone	
E-Mail Address	
Birthdate	

Availability

How many hours/week _____

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Why are you interested in volunteering at the Prostate Cancer Centre?

Tell us in which areas you are interested in volunteering:

- Community Presentations
 Fundraising
 Information Desk
 Special Events
 In-house administration
 The Man Van program

References

Name	Relationship:	Phone:
Name	Relationship:	Phone:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Do you have any criminal convictions?

Yes ____ No ____ If yes, please describe

Person to Notify in Case of Emergency

Name	
Relationship	
Phone	
E-Mail Address	

Agreement and Signature

Name (printed)	
Signature	
Date	

Our Policy

Thank you for completing this application form and for your interest in volunteering with us. Our volunteers are our greatest resource and are instrumental to the successful work of the Prostate Cancer Centre.

Submit Completed form to:

Linda.m@prostatecancercentre.ca

Questions: 403-943-8869