

VOLUNTEER APPLICATION FORM

| Surest Sulte/App# | name | | | | | | | | | | |
|---|-----------------------|-------------------|-----------------|--------------------|------------------------|--------------|--------------|-----|--|--|--|
| Street City Province Postal Code Email Phone - Home Ceil Work am interested in the following: check all that apply) Special Events/Fundraising/Awareness Annual conference Support groups Corporate fundraising Organizing a fundraising event to benefit Food Allergy Canada Other General office help Literature reviewer Computer trainer Product reviewer Web researcher Other (please specify) Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | Address | First Last | | | | | | | | | |
| Email Phone - Home Cell Work | 144.555 | Street Suite/Apt# | | | | | | | | | |
| Email Phone - Home Cell Work | | | | | | | | | | | |
| ## Availability Indicate time you are available Annown Mon. Tues. Wed. Thurs. Fri. Sat. Sun. | | City Prov | | | • | | Postal Code | • | | | |
| am interested in the following: check all that apply) Special Events/Fundraising/Awareness Annual conference Education and awareness Organizing a fundraising event to benefit Food Allergy Canada Other General office help Computer trainer Other (please specify) Availability Indicate time you are available Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Event of Commitment | | Email | | | | | | | | | |
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| Special Events/Fundraising/Awareness Annual conference | | Thore Trome | | OC!! | | ***** | N. | | | | |
| Special Events/Fundraising/Awareness Annual conference | | | lowing: | | | | | | | | |
| Annual conference | check all | шагарріу) | | | | | | | | | |
| □ Education and awareness □ Corporate fundraising □ Organizing a fundraising event to benefit Food Allergy Canada Other □ General office help □ Literature reviewer □ Computer trainer □ Product reviewer □ Web researcher □ Other (please specify) Availability Indicate time you are available Indicate tim | | | ing/Awarenes | ss | _ | | | | | | |
| Organizing a fundraising event to benefit Food Allergy Canada Other General office help Computer trainer Other (please specify) Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site | | | | | | | | | | | |
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| General office help Computer trainer Web researcher Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Length of Commitment | ☐ Orgar | nizing a fundrais | ing event to be | enefit Food / | Allergy Canada | | | | | | |
| Computer trainer ☐ Product reviewer Web researcher ☐ Other (please specify) Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. | Other | | | | | | | | | | |
| Web researcher Other (please specify) Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning Afternoon Evening Availability to work from: Home Pood Allergy Canada Toronto Office Event site Length of Commitment | ☐ General office help | | | | ☐ Literature reviewer | | | | | | |
| Availability Indicate time you are available Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning | ☐ Computer trainer | | | ☐ Product reviewer | | | | | | | |
| Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | ☐ Web i | ☐ Web researcher | | | Other (please specify) | | | | | | |
| Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | | | | | | | | | | | |
| Morning Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | Δvailahilit | tv. | | | | | | | | | |
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| Afternoon Evening Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | Morning | | 1 4 5 5 1 | 1100. | 11101101 | | | | | | |
| Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | Morning | | | | | | | | | | |
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| Availability to work from: Home Food Allergy Canada Toronto Office Event site Length of Commitment | Evenina | | | | | | | | | | |
| Home Food Allergy Canada Toronto Office Event site | | | | | | | | | | | |
| Home Food Allergy Canada Toronto Office Event site | | | | | | | | | | | |
| Length of Commitment | _ | _ | | | _ | | | | | | |
| _ ` | ☐ Home | ☐ Food Allei | gy Canada To | oronto Office | ☐ Event site | Э | | | | | |
| _ ` | ₋ength of | Commitment | | | | | | | | | |
| | _ | | ☐ 3 to 12 m | onths \square | ongoing \Box | only for sne | ecial events | | | | |

| How did you hear abo | out our volunteer program? | | | | | | | |
|---|-------------------------------|-------------------------------|--|--|--|--|--|--|
| ☐ Friend or relative | ☐. Website or e-newsletter | ☐ Brochure ☐ Support Group | | | | | | |
| ☐ Other | | | | | | | | |
| Why would you like to | o volunteer for Food Alleray | Canada? | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| How did you hear about our volunteer program? Friend or relative Website or e-newsletter Brochure Support Group Other Why would you like to volunteer for Food Allergy Canada? What previous work and/or volunteer experience have you had? | | | | | | | | |
| | | | | | | | | |
| Indicate special skills | and or qualifications you th | nink might be useful to us: | | | | | | |
| | | | | | | | | |
| Other languages spol | ken: ☐ French ☐ Other _ | | | | | | | |
| Other languages writt | en: 🗆 French 🗖 Other _ | | | | | | | |
| Do you have access t | o a vehicle? 🗆 Yes 🔻 🗅 N | lo | | | | | | |
| References: | | | | | | | | |
| | erences below: | | | | | | | |
| Name [.] | | Relationship: | | | | | | |
| | Last | | | | | | | |
| Daytime phone: | | | | | | | | |
| Dayamo phono | Home | Work | | | | | | |
| Name: | | Relationship: | | | | | | |
| | Last | | | | | | | |
| Daytime phone: | | | | | | | | |
| | Home | Work | | | | | | |
| Signature | | Date | | | | | | |
| By signing, you give Fo | ood Allergy Canada permission | n to contact your references. | | | | | | |
| | | | | | | | | |
| Parent/Guardian | | | | | | | | |

Mail or fax this form to the attention of Tammy White, Office Manager To learn more contact Food Allergy Canada at 416-785-5666 or email twhite@foodallergycanada.ca

Food Allergy Canada

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