

## **VOLUNTEER APPLICATION FORM**

Name	First Last							
Address	Stroot			Suite/Ant#				
	Street			5	uite/Apt#			
	City		Province			Postal Code		
	Email							
	Phone - Home	Cell	Cell			Work		
I am intere (check all t	ested in the folloat apply)	lowing:						
Special Ev	ents/Fundrais	ing/Awarene	ss					
Annua	al conference			Support groups				
Educa	ition and aware	ness		Corporate fundraising				
Organ	nizing a fundrais	sing event to b	enefit Food A	Allergy Canada	а			
Other								
Gener	al office help			Literature reviewer				
Comp	uter trainer			Product reviewer				
Web r	esearcher			Other (please specify)				
Availabilit	У							
Indicate tin	ne you are avail	able						
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
Morning								
Afternooi	n							
Evening								
				I.				
Availability	y to work from	:						
	☐ Food Aller		oronto Office	☐ Event site	۵			
_ Home	I TOOU AIICI	gy Gariada 10	Dionio Onice	L LVCIII SIII	•			
Length of	Commitment							
☐ less tha	an 3 months	☐ 3 to 12 m	onths 🔲	ongoing $\Box$	only for spe	ecial events		

## 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 think might be useful to us: Other languages spoken: French Other Other languages written: French Other Do you have access to a vehicle? Yes No References: Please provide 1-2 references below: Name: Relationship: First Last Daytime phone: e Work Name: Relationship: First Last Daytime phone: Home Work

Signature Date

By signing, you give Food Allergy Canada permission to contact your references. Please note: A parent/guardian must also sign for volunteers under 18 years of age.

## 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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