



Volunteer Application Form

At the Canadian Cancer Society, we strive to create a culture of volunteer engagement where volunteers find meaningful ways to support Canadians living with cancer.

Volunteer involvement is based on the successful completion of further screening measures and the availability of a suitable role.

CONTACT INFORMATION (Please Print)

Volunteer Name: _____

Email: _____

Address: _____

City: _____ Postal Code: _____

Phone # (H) : _____ (C): _____ (W): _____

DOB (mm/dd/yyyy): _____

Emergency Contact: _____

Relationship: _____

Emerg. Contact Phone #: _____

Email: _____

Current Employment Status: _____

AVAILABILITY (Place X in table where available)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9am-12pm							
1pm-5pm							
After 5pm							

Please Note: If you do not have a consistent availability (shift work etc.), please disregard and send current availability.



VOLUNTEER OPPORTUNITIES

- Fundraising in April for the Daffodil Month Campaign (coordinating the sale of daffodils or selling daffodils or daffodil pins)
- Volunteering at a fundraising event on an organizing committee (Relay For Life, Run for the Cure)
- Volunteering on event day at one of our fundraising events (Relay For Life, Run for the Cure, etc.)
- Helping out at the local office (administration, reception, data entry, etc.)
- Promoting healthy living (education and awareness, presentations, information booths, etc.)
- Advocating for better public policies (letter writing, liaising with elected officials, etc. when applicable)
- Providing direct support to those living with cancer (Peer Support for Survivors, driving program **if applicable in your area**, etc.)
- Volunteering at our lodge: St.John's, NL & Halifax, NS only (recreation programs, front desk, etc.)
- I want to help out but I'm not sure which opportunity is right for me

ACKNOWLEDGEMENT AGREEMENT

By signing below, you acknowledge that you are 18 years of age or older and that you have reviewed and agreed with the contents of this waiver. You also acknowledge that all the information provided on this application is true and up to date.

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Thank you for completing this form. Suitable applicants will be contacted to discuss current opportunities. Please mail, fax or scan your completed application to:

Kelly Ball
Volunteer Engagement Coordinator
Kelly.ball@nl.cancer.ca

Canadian Cancer Society NL
P.O. Box 8921
St. John's, NL
A1B 3R9

