



Volunteer Application

2220 Kildare Road, Windsor, ON N8W 2X3 • 519-254-5577 ext. 58557

Contact Information

Full Name	
Mailing Address (including Postal Code)	
Contact Number	
Email Address	

Availability

During which hours are you available for volunteer assignments?

Weekdays: ___ Mornings ___ Afternoons ___ Evenings

Weekends: ___ Mornings ___ Afternoons ___ Evenings

Interests

Tell us in which areas you are interested in volunteering:

___ Administration ___ Events ___ Fundraising

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

Person to Notify in Case of Emergency

Name	
Contact Number	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Full Name (printed)	
Signature	Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the Windsor Cancer Centre Foundation.