

Volunteer Application

Please print

Last Name: _____ **First Name:** _____

Street Address: _____ **City:** _____

Postal Code: _____ **Telephone:** _____

E-mail address: _____

How did you hear about Muscular Dystrophy Canada? _____

Describe any relevant present/previous employment, and/or community or volunteer involvement:

What skills do you possess that will be an asset to Muscular Dystrophy Canada? *(click all that apply)*

- | | | |
|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Typing | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Filing | <input type="checkbox"/> Photocopier machines |

I would be interested in helping with: *(click all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Special events | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Telephone work | <input type="checkbox"/> Fundraising campaigns | <input type="checkbox"/> Advocacy work |
| <input type="checkbox"/> Peer Support (clients helping clients) | | |
| <input type="checkbox"/> Other <i>(please specify)</i> : _____ | | |

Why would you like to volunteer with Muscular Dystrophy Canada and what you hope to give and receive from this experience: _____

I am fluent in the following languages:

| | Verbal | Written |
|--------------------------------|--------------------------|--------------------------|
| English | <input type="checkbox"/> | <input type="checkbox"/> |
| French | <input type="checkbox"/> | <input type="checkbox"/> |
| Other <i>(specify)</i> : _____ | <input type="checkbox"/> | <input type="checkbox"/> |

I am available to help at these times: *(click all that apply)*

Monday: Morning Afternoon Evening **Tuesday:** Morning Afternoon Evening

Wednesday: Morning Afternoon Evening **Thursday:** Morning Afternoon Evening

Friday: Morning Afternoon Evening **Weekends:** Morning Afternoon Evening

I agree to treat all verbal and written information pertaining to Muscular Dystrophy Canada as confidential.

Date: _____

Signature: _____

Please return completed applications to the Muscular Dystrophy Canada Regional office nearest you.