

## **CANFAR Office Volunteer Application Form**

Name	
Address	
Email	
Phone	Birthday
I am under 19 and will provide a letter of permi	ission from my parent or guardian.
Office Volunteer Hours	
	ridays from 9 AM to 5 PM. Volunteer shifts
are typically a minimum of four hours.	M T W T F
Number of hours per week:	From 9:30 AM
Duration of availability:	From 11:30 AM
Date available to begin:	From 1:00 PM
Areas of Interest	
Are there particular volunteer areas tha	t you are interested in?
Fundraising Research	Marketing/Communications
Administration	Event Preparation
Awareness Programs	Other:
Office Support	
Are there particular types of projects th	nat are you are interested in supporting?
Mailing/Filing	French Translation
Database Support	Graphic Design
Writing	Other:

How did you hear about CANFAR?	
Is there any other information about yourself that you would like to share with us?	
Communication Preferences	
Yes, I am interested in receiving CANFAR print mail.	
Yes, I am interested in receiving CANFAR electronic mail.	
Reference	
Name:	
Relation:	
Phone:	
Email:	
Emergency Contact	
Name:	
Relation:	
Phone:	

Please attach your **resume** with this form and email your application to

VOLUNTEER@CANFAR.COM

You will hear back within two weeks time.

Thank you for your interest involunteering with CANFAR!