



VOLUNTEER APPLICATION FORM

OUR ORGANIZATION ENCOURAGES THE PARTICIPATION OF VOLUNTEERS WHO SUPPORT OUR MISSION. IF YOU AGREE WITH OUR MISSION AND ARE WILLING TO BE INTERVIEWED AND TRAINED IN OUR PROCEDURES, WE ENCOURAGE YOU TO COMPLETE THIS APPLICATION. THE INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL AND WILL HELP US FIND THE MOST SATISFYING AND APPROPRIATE VOLUNTEER OPPORTUNITY FOR YOU.

APPLICANT INFORMATION:

Name (Surname, First Name): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number (Home): _____

Telephone Number (Cell): _____

Email: _____

Employer: _____

Position: _____

VOLUNTEERING INFORMATION:

1. Any special talents or skills you have that you feel would benefit our organization?

Max 250 words

2. Please explain why you would like to volunteer with us?

Max 250 words.

3. Interests: Please tell us for which positions you are interested in volunteering

- Administration Coordinator
- Finance / Accounting Coordinator
- Marketing Coordinator
- Support Group Administrator
- Fundraising Coordinator
- Support Group Coordinator
- General Support

If more than two (preferred): _____

4. Please indicate your availability: Mon Tues Wed Thurs Fri Sat Sun

Times available: From _____ to _____

5. Emergency Contact details

Name (surname, first name): _____

Emergency contact phone number (home): _____

Emergency contact phone number (cell): _____

Relationship: _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis.

Signature
(e-signatures are accepted)

Date

Thank you so much for your interest in supporting Life After Stroke. Forms will be reviewed by the board and you will be contacted within 10 business days.

Please send this form along with your CV to:

boardofdirectors@lifeafterstroke.life

If you require any further information or clarification regarding this application, please contact:

Gina Srighanthan

Secretary

boardofdirectors@lifeafterstroke.life

(647) 525-7404