



## 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:

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Name (Surname, First Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

## VOLUNTEERING INFORMATION:

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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 in which areas you are interested in volunteering

- Administration
- Accounting
- Website
- Support Group
- Fundraising
- Grant Council
- Communication/social media/marketing
- Other (please specify): \_\_\_\_\_

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.*

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Signature  
(e-signatures are accepted)

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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](mailto:boardofdirectors@lifeafterstroke.life).life

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

Akila Tavarasa

Secretary

boardofdirectors@[lifeafterstroke](mailto:boardofdirectors@lifeafterstroke.life).life