



Volunteer Information

Thank you for your interest in volunteering for the Canadian Celiac Association Edmonton Chapter. We have come to depend on the generosity of volunteers to run the chapter. We appreciate your dedication, enthusiasm and offer of assistance.

Date: _____

Last Name	Given Names	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Street Address		Email
City	Province	Postal Code
Phone (Home)	Phone (Cell)	Phone (Work)
Preferred Method of Contact? <input type="checkbox"/> Email <input type="checkbox"/> Phone (Home) <input type="checkbox"/> Phone (Cell) <input type="checkbox"/> Phone (Work) <input type="checkbox"/> Mail		
Emergency Contact Person:		Relationship to Volunteer
Phone (Home)	Phone (Cell)	Phone (Work)

PLEASE INDICATE AVAILABILITY																					
(Circle times available)																					
Day:	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Time:	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve

How did you hear about the Canadian Celiac Association?	
<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Internet <input type="checkbox"/> Anti-Panic <input type="checkbox"/> Special Event _____ <input type="checkbox"/> Friend /Relative <input type="checkbox"/> Other _____	
Why do you want to volunteer for Canadian Celiac Association?	
What type of volunteer work interests you?	

SKILLS		
(Check all that apply)		
<input type="checkbox"/> Accounting/bookkeeping/Financial Admin. <input type="checkbox"/> Administration/Reception <input type="checkbox"/> Auditing <input type="checkbox"/> Clerical/date-entry/word processing <input type="checkbox"/> Community mobilization <input type="checkbox"/> Computer programming <input type="checkbox"/> Database (Access, etc.) <input type="checkbox"/> Editing and/or publishing <input type="checkbox"/> Facilitation <input type="checkbox"/> Filmmaking	<input type="checkbox"/> Grant and proposal writing <input type="checkbox"/> Graphic Design <input type="checkbox"/> Human resource <input type="checkbox"/> Information systems/IT <input type="checkbox"/> Journalism/media/communications <input type="checkbox"/> Logistics and event organizing <input type="checkbox"/> Marketing/Public relations <input type="checkbox"/> Narrative writing <input type="checkbox"/> Networking / partnership building	<input type="checkbox"/> Office management <input type="checkbox"/> Photography <input type="checkbox"/> Procurement <input type="checkbox"/> Program management (planning, implementation, monitoring and evaluation) <input type="checkbox"/> Project Management <input type="checkbox"/> Recruitment and training <input type="checkbox"/> Report writing <input type="checkbox"/> Volunteer coordination/management <input type="checkbox"/> Web design and maintenance

EDUCATION

High School: (Last grade completed):

Post Secondary (Please specify):

Other Certification:

LANGUAGES

	Speak	Read	Write	Translate
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER EXPERIENCE

Please list the organization(s), your role(s) and duties performed. (Use a separate sheet if necessary)

INTERESTS/HOBBIES/ACTIVITIES

Please list:

OTHER

Is there any other information that you would like to bring to our attention?

Note: Depending on what tasks you may be assigned as a CCA volunteer you may be asked to sign a confidentiality agreement and/or submit a police record check. If a police record check is required the Chapter will pay the cost.