





3. Please list previous organizations where you have volunteered, your volunteer role and the time length of the experience:

4. In the list below please identify the areas of interest for you:

- |                |     |                        |     |
|----------------|-----|------------------------|-----|
| Awareness      | ___ | Public Speaking        | ___ |
| Fundraising    | ___ | Media Relations        | ___ |
| Office Support | ___ | Newsletter             | ___ |
| Other          | ___ | (Please indicate area) |     |

- |         |     |   |
|---------|-----|---|
| Events: | ___ | Organizing                                |
|         | ___ | Information Booth                         |
|         | ___ | Welcoming and Registration                |
|         | ___ | Ticket Sales                              |
|         | ___ | Solicitation of donations/prizes/services |
|         | ___ | Media/Publications/Newsletters            |

- |                  |     |                             |
|------------------|-----|-----------------------------|
| Support Sessions | ___ | Support Group Leader        |
|                  | ___ | Support Group Co-leader     |
|                  | ___ | Children's Program          |
|                  | ___ | Teen Program                |
|                  | ___ | Young Adult (18-25) Program |



**REFERENCES:**

**Please provide two references:**

Business Reference: (School Reference if a student):	Personal Reference: (Other than family):
Name:	Name:
Address:	Address:
Tel:	Tel:
Email:	Email:

Have you ever been convicted of a crime for which you have not received a pardon? If yes, were you convicted of a crime which would in any way be related to your intended work as a volunteer with CANAAF? Yes \_\_\_ No \_\_\_  
If yes, please explain:

Is there any legal reason you would be restricted from contact with children? If yes, please explain the reason. Yes \_\_\_ No \_\_\_

I hereby accept that all above statements are true. I acknowledge and understand that the Canadian Alopecia Areata Foundation is under no obligation to accept, assign, or reassign me as a volunteer. I understand that a Police Records check will be required for certain positions. If accepted as a volunteer, I will adhere to the policies of the Canadian Alopecia Areata Foundation.

Applicant's Signature:

Date:

Thank-you for your interest in the Canadian Alopecia Areata Foundation. All information will be kept strictly confidential by our organization. Please forward a signed and completed application via e-mail to CANAAF at: [canaaf@gmail.com](mailto:canaaf@gmail.com)