



# Volunteer Program Application Form

## Personal Information

Please print:		
Last Name\:	First Name:	Middle:
Address:		
City/Town:	Province:	Postal Code:
Tel Home:	Work:	Cell:
Primary Email:	Secondary Email:	Fax:
Emergency Contact:		Tel:
Occupation/Current Employment/Current School:		Tel :
Employer or School Address:		
Age Range: ___18 years and under ___19-25 ___26-40 ___40-65 ___65+___		
Please note parental consent is required for minors (under age 18):		
_____		
___ Male                      ___ Female		
Language(s) Spoken:		
Do you have any knowledge of alopecia?		
	_____yes	_____no
How did you hear about CANAAF?		

1. Please explain your interest in volunteering for the Canadian Alopecia Areata Foundation:

2. Please describe your strengths and how you would like to support the Canadian Alopecia Areata Foundation:



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) |     |

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- |         |     |   |
|---------|-----|---|
| 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)