



VOLUNTEER APPLICATION

Thank you for your interest in fundraising for the Canadian Alopecia Areata Foundation (CANAAF). Your contribution is extremely valuable to both the organization and the Canadian alopecia community.

Your fundraising efforts help us to reach more Canadians with alopecia areata and support our mission to:

- provide structure and tools for community-based support groups.
- promote and support current research toward treatment and cure.
- increase awareness of alopecia areata in the media and education systems.
- network with complementary organizations in pursuit of common goals.
- dialogue with health communities and government.

To apply, please review and sign this application and return it to info@canaaf.org or by mail to 227 Burton Grove, King City, ON L7B 1C7. Completion of this form does not guarantee approval.

I. Applicant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone (home): _____

Phone (cell): _____ Date of Birth: _____

Current Occupation: _____

Name of Workplace/School: _____

Language Fluency: _____

Emergency Contact Name: _____ Phone Number: _____

II. Your Interest in CANAAF

Please write a letter of intent explaining your interest in volunteering for the Canadian Alopecia Areata Foundation. Include your personal experience with alopecia, knowledge base and reason for interest in supporting the alopecia community. (Min. 250 words)

Tell us about your strengths and how you envision you can best support Canadians with alopecia.

Please identify your volunteer areas of interest:

Conference Volunteering

Toronto in-person support meetings

Registration Desk for Events

Promoting Awareness (social media campaigns, interviews etc.)

Fundraising

Filling in for other volunteers upon request

Peer Mentoring

Other: _____

III. References

Please provide contact information for two references. If they are listed in your resume, you can skip this section.

Reference #1: Business Reference

First Name: _____ Last Name: _____

Relationship to Reference: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

Reference #2: Personal Reference

First Name: _____ Last Name: _____

Relationship to Reference: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

IV. Resume/CV and Next Steps

Please email a current resume or CV along with your application to info@canaaf.org. A board member will be in contact to schedule an interview with you. To complete your application, you will also be asked to submit a police record check. Please wait for us to contact you before applying.

I hereby accept that all above information is 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 my position. If accepted as a volunteer, I will adhere to the policies of the Canadian Alopecia Areata Foundation.

Signature: _____ Date: _____

Name: _____

If applicant is under the age of 18:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

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: info@canaaf.org.

CANAAF OFFICE USE ONLY

Signature of Authorized Board Member:

Date:

Approved On: