



Volunteer Application Form

Thank you for your desire to become involved with the work of AboutFace. We welcome supportive people who call us and wish to volunteer for our organization. As part of our volunteer management program, we ask that you complete and return this form to our office. A staff member will contact you to discuss volunteer opportunities in more detail as soon as possible.

Personal Information

Name _____

Address _____

City _____ Province _____

Postal Code _____ Date of Birth _____

Home phone (____) _____ Work phone (____) _____

E-mail _____

At AboutFace, we are very sensitive to the needs of our membership and community. Therefore as an organization, we set high standards for our volunteers. In an effort to support and protect our members, we may ask that you complete a Police Records Check and/or Child Abuse Registry Check as part of the volunteer application screening process.

Professional Information (Please list current work experience)

Company Name _____

Title _____ Profession _____

Address _____

City _____ Province _____ Postal Code _____

E-mail _____

Telephone _____ Fax _____

May we approach your employer/supervisor for the purpose of completing a reference check?

Yes () No ()

Can we contact you at work? Yes () No ()

Volunteer Information

How did you learn about us?

Why are you interested in volunteering for AboutFace?

Have you had any previous volunteer experience? Please list organization (s)

Are there any skills you would like to develop?

What languages do you speak?

Did someone refer you to AboutFace and if yes, whom? _____

What type of volunteer work would you like to be involved in?

- Special Events & Fundraising (AboutFace Conferences and Events etc.)
- Presentations/Exhibits (Daycares, Hospitals, Schools, Professional Conferences)
- Local Member Events (Tea Times, Camping Retreats and Adult Workshops)
- Community Outreach (Presenting to Service Clubs, Third Party Events)
- Committees (Newsletter, Constituency)
- Networking Support (Providing Peer Support to AboutFace Members)

What times are best for you?

Day ()

Evenings ()

Weekends ()

9 am - 5 pm

6 pm - 9 pm

Sat – Sun 9 am - 6 pm

I understand that by submitting this application form, my personal information will be maintained at AboutFace and I will receive mailings from the organization regarding programs and services from time to time.

Signature _____ Date _____

Please sign and return this completed form to our office.

AboutFace International

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