

# JOIN AN INSPIRED COMMUNITY HELPING THOSE IN NEED



## VOLUNTEER APPLICATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Language:  English  French  Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Why do you choose to volunteer at Cedars?

What is your availability?

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Cedars Cancer Foundation or my termination as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your CV with the completed application form to:  
Natalia Kalbarczyk: natalia.kalbarczyk@cedarscancer.ca

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Charity Registration Number: 105202501-RR0001

