



Volunteer Application Form

Title		Last Name			First Name		
English	French	Under 18	Military Member	Military Family	Veteran	Civilian DND Employee	Civilian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unit _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address							
City			Province		Postal Code		
Home Phone			Work Phone		Cellular Phone		
E-mail Address				Email is the primary way we communicate all our up-coming volunteer opportunities to our volunteers. Would you be willing to have your email added to the distribution list?			
				Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Area of Interest (please check all that apply)				
<i>Deployment Warmline</i>	<i>Administration</i>	<i>Board of Directors</i>	<i>Children's Programs</i>	<i>Deployment Support</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fundraising Events</i>	<i>Guthrie School</i>	<i>MFRC programs</i>	<i>408 Family Sponsor</i>	<i>Marketing</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Special Events</i>	<i>Youth / Youth Centre</i>	<i>Welcome Line</i>	<i>Other</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	
Have you worked as a volunteer at another Military Family Resource Centre?			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
If yes, where and in what areas were you involved?				
What do you hope to gain through this volunteer experience?				
How did you hear about Volunteer opportunities with the MFRC?				
References (please provide 2 character references who are not immediate family)				
Name #1		Name #2		
Phone:		Phone:		

Signature of Applicant		Date
Signature of Parent/Guardian (if under 18 years of age)		Date