



CENTRE GREY
HEALTH SERVICES
FOUNDATION

VOLUNTEER APPLICATION FORM

NAME (Last, First): _____

ADDRESS: _____

E-MAIL: _____

PHONE (CELL): _____

PHONE (HOME): _____

PHONE (WORK): _____

Please indicate at which number you prefer to be contacted: _____

Do you have any volunteer experience? Yes No

If "yes", please provide details:

Are there specific times/days/mos. that you are able to volunteer? Yes No

If "yes", please provide details:

Are there specific times/days/mos. that you are NOT able to volunteer? Yes No

If "yes", please provide details:

When would you be available to begin volunteering?

Please indicate which committees/Events you are interested in volunteering (please choose all that are applicable)

- Communications Committee
 - Finance Committee
 - Fundraising Committee
 - Investment Committee
 - Volunteer & Donor Recognition Working Group
 - Spring Concert
 - Silent Auction
 - Letter Stuffing Days
 - Other (Please specify):
-
-
-

Additional Comments:

Please forward completed application to dlamberti@cghsfoundation.com

If you have any questions, or wish to discuss this application, or the possibility of volunteering, please feel free to contact Darlene Lamberti, Foundation Coordinator at dlamberti@cghsfoundation.com, or phone; (519) 986-3040 xt 6178.

We wish to thank you for taking the time to complete this application. You will be contacted by the CGHS Foundation shortly.

Regards,

Darlene Lamberti

Foundation Coordinator

Centre Grey Health Services Foundation

Email: dlamberti@cghsfoundation.com

Tel: (519) 986-3040 x 6178,

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