



Central Plains Cancer Services

Volunteer Application

INSTRUCTIONS:

This application is required to volunteer with Central Plains Cancer Services. Once you have completed the form please sign the bottom.

Signed applications will be accepted by mail, fax or email, or in-person at our office. **Phone:** 204-857-6100

Address: 318 Saskatchewan Avenue E., Portage la Prairie, MB, R1N 0K8. **Fax:** 204-857-8389 **Email:** cpcancerservices@shaw.ca

CONTRACT INFORMATION				
First Name	Last Name	Date		
Email				
Work Phone	Home Phone	Cell Phone		
Languages Spoken Fluently (Other than English)				
Mailing Address				
City/Town	Province	Postal Code		
Do you work in the health care industry? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer (optional)	Position (optional)			
How did you hear about Central Plains Cancer Services? (Please be specific)				
EMERGENCY CONTACT				
Full Name		Phone		
VOLUNTEER INTERESTS AND EXPERIENCE				
Willing to work on a weekday? <input type="checkbox"/> Yes <input type="checkbox"/> No		Interested in becoming a team leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Volunteer Interests: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Event Support <input type="checkbox"/> Fun(d)raising <input type="checkbox"/> Making Phone Calls <input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Graphic Design </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Data Entry/Office Administration <input type="checkbox"/> IT Support <input type="checkbox"/> Community Canvassing <input type="checkbox"/> Education <input type="checkbox"/> Other: _____ </td> </tr> </table>			<input type="checkbox"/> Event Support <input type="checkbox"/> Fun(d)raising <input type="checkbox"/> Making Phone Calls <input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Graphic Design	<input type="checkbox"/> Data Entry/Office Administration <input type="checkbox"/> IT Support <input type="checkbox"/> Community Canvassing <input type="checkbox"/> Education <input type="checkbox"/> Other: _____
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Please list any previous volunteer experience:				
Organization	Volunteer Activity			

Signature: _____

Date: _____