



Volunteer Information Form

First Name:	Last Name:
Address:	
City:	Province:
Postal Code:	E-Mail:
Home Phone:	Business Phone:
Occupation:	

Do you have a personal CF connection? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
<i>If you answered "yes":</i>
Would you be interested in speaking about CF on behalf of the Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No

What is the most convenient time for you to volunteer?

<input type="checkbox"/> Business Hours (M-F, 9am-5pm)	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends
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Which of the following activities appeal to you? (*check all that apply*)

<input type="checkbox"/> Assisting in organizing fundraising events	<input type="checkbox"/> Being an event day volunteer
<input type="checkbox"/> Soliciting donations for silent auctions	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Researching/Preparing grant applications	<input type="checkbox"/> Office Support / Administration
<input type="checkbox"/> Driving my vehicle for pick ups/drop offs	<input type="checkbox"/> Coordinating coin box program
<input type="checkbox"/> Chapter Board of Directors	<input type="checkbox"/> Promoting CF events & programs
<input type="checkbox"/> Attending events as a CCFE representative	<input type="checkbox"/> Writing media releases & editorials

What types of volunteer work have you done before?

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What knowledge, work skills or experience do you have that could help the CCFE?

<input type="checkbox"/> Basic Computer Skills (MS Word, Excel, PowerPoint, etc.)	<input type="checkbox"/> Accounting/Budget Planning	<input type="checkbox"/> Knowledge of cystic fibrosis
<input type="checkbox"/> Writing	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Administration
<input type="checkbox"/> Project/Program Management and Organizational Skills	<input type="checkbox"/> Marketing, Sales, Customer Service	<input type="checkbox"/> Communications / Public Speaking
<input type="checkbox"/> Team & Leadership Skills	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Clerical / Office
<input type="checkbox"/> Other * Please Specify: _____		

Additional Comments:

Thank you for completing our Volunteer Information Form.

Please fax or e-mail your completed form to the Toronto & District Chapter.

Fax: 416-932-3010

E-mail: dcaputi@ccfftoronto.ca