



ALS CANADA VOLUNTEER APPLICATION FORM

Thank you for applying for a volunteer position with ALS Canada. Once you have completed this form, **please send a copy of this form along with your resume to volunteer@als.ca**. The information in this form will become part of the permanent volunteer file at ALS Canada. All volunteer files are kept confidential and are only available to authorized staff. If you have any questions or concerns, please call 1-800-267-4ALS (4257) at extension 239.

CONTACT INFORMATION

First Name:	Last Name:
Pronouns (optional):	
Address: City/Town:	Postal Code: Province:
Home Phone:	Mobile Phone:
E-mail Address:	
Current Place of Work/ School:	
Current Position:	
Which is the preferred method to contact you?	
Are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no	

BACKGROUND

How did you find out about ALS Canada? <input type="checkbox"/> Personal Contact <input type="checkbox"/> ALS Canada website <input type="checkbox"/> Online volunteer posting (Charity Village, Volunteer Canada) <input type="checkbox"/> Local Volunteer Agency <input type="checkbox"/> Other
Why are you interested in volunteering with ALS Canada?



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If you have volunteered before (outside of ALS Canada), please tell us about your experience (where it was, what you did and for how long you volunteered):

Do you have a personal connection to ALS?

What do you hope to gain from volunteering at ALS Canada?

AREAS OF INTEREST (PLEASE INDICATE THE POSITION YOU ARE APPLYING FOR):
