

# CFRC



CASTING FOR RECOVERY CANADA

## Volunteer Application

In order for us to match your skills and talents with the volunteer position best suited for you, we would like to get to know you better. Please complete all parts of this form and return it to the Program Director at the address below or fax it to 1-441-236-2054

Name: \_\_\_\_\_

Past CFRC Participant?  Yes  No

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Education (indicate any degree(s) earned and date(s): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How did you learn about our program?: \_\_\_\_\_

Do you have experience working with breast cancer survivors?: \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Volunteer experience (with dates): \_\_\_\_\_

Position(s) of interest: \_\_\_\_\_

When would you be able to volunteer (weekdays, weekends, etc.)?  Yes  No

Are you willing to travel out-of-province?  Yes  No

Time commitment desired: \_\_\_\_\_

### Other Relevant Experience – please attach

Describe any relevant education or training you have had which you feel is related to the position for which you are interested. Also describe any special educational skills, experiences or interests along with organizations, honors, certifications, licenses, publications, etc. you consider relevant.

### References – please attach

List two people whom we may contact, and include telephone numbers and/or email addresses. These should not be relatives, but should be employers, associates, or other community members.

I hereby affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Casting For Recovery Canada volunteer. If appointed as a volunteer, I agree to adhere to the general policies and guidelines set forth by Casting For Recovery Canada and to fulfill my assigned volunteer responsibilities to the best of my ability. I realize that this is a non-paid volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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