

Volunteer Application Form

| Personal Information: | | | | |
|--|--|--|--|--|
| Name: | | | | |
| Phone: | Cell Phone: | | | |
| E-mail Address: | • | | | |
| Street Address: | | | | |
| City: | Postal Code: | | | |
| Emergency Contact | • | | | |
| Name: | Phone: | | | |
| | | | | |
| Volunteer location (Ottawa/Edmonton) | | | | |
| What are you interested in volunteering for: | | | | |
| Veterans' House Canada Board Committees: | | | | |
| Finance Committee | Governance Committee | | | |
| Communications and Marketing Committee | Development Committee | | | |
| Specific Program Support at the Andy Carswell | Translation Support | | | |
| Building (explain below) | | | | |
| General Activities Support | Other: | | | |
| Tell us about your experience or skills that would be | relevant to the role that you are interested in. | | | |
| | | | | |
| Do you have any particular needs that we should be aware of: | | | | |
| What would be seen as 2 at 224 | | | | |
| What would be your availability: | | | | |

| Signature: | | |
|------------------|--|--|
| Signature: Date: | | |

Once complete please email to: communications@veteranshousecanada.ca