

Volunteer Application Form

Name:

Address:

City:

Prov:\_

Postal Code:

Phone:

Date of Birth:

Email:\_

Profession:

Time Availability:

Please indicate your strengths:

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| --- | --- | --- | --- | --- | --- |
|  | Board member experience |  | Leadership |  | Business |
|  | Communication |  | Recreation |  | Community awareness |
|  | Marketing and promotion |  | Risk management and audit |  | Experience with Newcomers |
|  | Networking |  | Stakeholder management |  | Experience with youth |
|  | Fundraising |  | Public speaking |  | Strategic thinking |
|  | Technology |  | Women’s issues |  | Legal skills |
|  | Financial skills |  | Other |  |  |

List your relevant community experience and/or employment:

What have you learned from the above experiences?

What contributions do you feel you can make to the FilCanPros Network?

Why are you interested in serving as a volunteer of the FilCanPros Network?

What other board/committee/volunteer commitments do you currently have?

Any other comments you wish to share?

Applicant signature Date

Please submit application either directly to a FCPN board member or Executive Members. You can also e-mail the completed application to filcanpros@gmail.com

Thank you for your interest in becoming a volunteer of FilCanPros Network.

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| Office Use OnlyMet with Executiveor another Board Member Date: Application received by Board RecruitmentCommittee Date:\_ Volunteer attends a board meeting Date: Action taken by board:  |
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