

Volunteer Application Form



Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Profession: _____

Time Availability: _____

Please indicate your strengths:

- | | | |
|--|--|--|
| <input type="checkbox"/> Board member experience | <input type="checkbox"/> Leadership | <input type="checkbox"/> Business |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Recreation | <input type="checkbox"/> Community awareness |
| <input type="checkbox"/> Marketing and promotion | <input type="checkbox"/> Risk management and audit | <input type="checkbox"/> Experience with Newcomers |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Stakeholder management | <input type="checkbox"/> Experience with youth |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Strategic thinking |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Women's issues | <input type="checkbox"/> Legal skills |
| <input type="checkbox"/> Financial skills | <input type="checkbox"/> 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.

Office Use Only

Met with Executive
or another Board Member

Date: _____

Application received by Board Recruitment
Committee

Date: _____

Volunteer attends a board meeting

Date: _____

Action taken by board: _____
