

<b>NEW Volunteer Applicant</b>	<b>Returning Volunteer</b>	<b>Date of prior volunteer activity</b> MM/DD/YYYY
<b>PERSONAL CONTACT INFORMATION</b>		
<b>Name</b>		<b>Male</b> <b>Female</b>
(First)	(Middle )	(Last)
<b>Address</b>		
(Street #)	(Street Name)	Apt #
(City)	(Province)	(Postal Code)
<b>Phone</b>		
(Home)	(Work)	(Cell)
<b>Email Address</b>		
<b>EMERGENCY CONTACT</b>		
<b>Name</b>		<b>(Relationship - optional)</b>
(First)	(Last)	
<b>Phone</b>		
(Home)	(Cell)	(Work)
<b>WORK EXPERIENCE- CURRENT OR PAST</b>		
From (MM/YY) - To (MM/YY)	Position / Duties	Name of Company / Organization
1.		
2.		
3.		
<b>VOLUNTEER EXPERIENCE- CURRENT OR PAST</b>		
From (MM/YY) - To (MM/YY)	Position / Duties	Name of Organization
1.		
2.		
3.		
<b>EDUCATION</b>		
Highest Level of Education    Completed <i>OR</i> In Progress		
Name of Institution		Area(s) of Study (if applicable)
<b>AVAILABILITY</b>		
V . . . . .		
What days of the week work best for you to complete your volunteer work		
Are there specific times during the year when you are not available for an extended period of time (greater than 2 weeks)		

**AREAS OF INTEREST**

Why are you interested in volunteering with BCC ?

Please indicate if you are interested in volunteering in a specific area:

- |                                |                                 |                |
|--------------------------------|---------------------------------|----------------|
| Annual Awareness Walk          | Patient Advocate / Peer Support |                |
| Committee Volunteer            | Support Group Facilitator       |                |
| Outreach / Public Relations    | Administration                  | Special Events |
| Other - Please provide details |                                 |                |

List any skills, hobbies, or interests

Languages spoken

How did you hear about our program?      Website      Family/Friend      School      Other

Do you have any affiliation with BCC ?  
(e.g. former or current volunteer / family member)

**SIGNATURE**

Via the signature box below, I understand and consent that Bladder Cancer Canada reserves the right to appraise volunteer applicants and ongoing viability of the volunteer's position, as it reflects upon Bladder Cancer Canada. I understand that false or misleading information on this form as provided by me may disqualify my active participation with Bladder Cancer Canada.

**Signature of applicant**

**Date**

**STUDENTS ONLY**

School Year Program (after school)

Summer Program (entire summer)

Date of Birth

MM/DD/YYYY

**Parent/Guardian Signature is required for all students under age 18.**

I give consent for my child \_\_\_\_\_ to volunteer for Bladder Cancer Canada. I understand that my son/daughter must fulfill all program requirements and commit for the entire duration of the program in order to receive any documentation. I confirm that the information provided on this application is accurate.

**Print Parent/Guardian Name**

**Parent/Guardian Signature**

**Date**

Please return completed application package to:

**Volunteering - Bladder Cancer Canada**

Email [info@bladdercancercanada.org](mailto:info@bladdercancercanada.org)