



**CENTRE GREY**  
HEALTH SERVICES  
FOUNDATION

## **VOLUNTEER APPLICATION FORM**

**NAME (Last, First):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE (CELL):** \_\_\_\_\_

**PHONE (HOME):** \_\_\_\_\_

**PHONE (WORK):** \_\_\_\_\_

**Please indicate at which number you prefer to be contacted:** \_\_\_\_\_

**Do you have any volunteer experience?**  Yes  No

**If "yes", please provide details:**

---

---

---

**Are there specific times/days/mos. that you are able to volunteer?**  Yes  No

**If "yes", please provide details:**

---

---

---

**Are there specific times/days/mos. that you are NOT able to volunteer?**  Yes  No

**If "yes", please provide details:**

---

---

---

**When would you be available to begin volunteering?**

---

Please indicate which committees/Events you are interested in volunteering (please choose all that are applicable)

- Communications Committee
  - Finance Committee
  - Fundraising Committee
  - Investment Committee
  - Volunteer & Donor Recognition Working Group
  - Spring Concert
  - Silent Auction
  - Letter Stuffing Days
  - Other (Please specify):
- 
- 
- 

Additional Comments:

---

---

---

Please forward completed application to [dlamberti@cghsfoundation.com](mailto:dlamberti@cghsfoundation.com)

If you have any questions, or wish to discuss this application, or the possibility of volunteering, please feel free to contact Darlene Lamberti, Foundation Coordinator at [dlamberti@cghsfoundation.com](mailto:dlamberti@cghsfoundation.com), or phone; (519) 986-3040 xt 6178.

We wish to thank you for taking the time to complete this application. You will be contacted by the CGHS Foundation shortly.

Regards,

*Reuben McCallum*

Executive Director

Centre Grey Health Services Foundation

Email: [dlamberti@cghsfoundation.com](mailto:dlamberti@cghsfoundation.com)

Tel: 519.986.3040 ext.6178

220 Toronto St. S., PO Box #406

Markdale ON N0C 1H0