



Volunteer Information Sheet

For Office Use Only

Received: _____ Chapter: _____ Contacted: _____
Assigned to: _____ Orientation: _____ Position: _____

The Sunshine Foundation makes dreams come true for children challenged by severe physical disabilities or life-threatening illnesses. As a non-profit organization which receives no government funding, Sunshine depends on volunteers and the generosity of Canadian businesses, corporations, foundations, local Chapter fundraising events and individuals to fulfill the dreams of Canadian children.

Please complete this form and return to the address below. The National Volunteer Coordinator will contact you to discuss a role for you.

Full Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: () _____ Work: () _____

Email Address: _____

What is your preferred method of contact? _____

What is your employment status? _____

If employed, please state employer & occupation: _____

How did you learn about Sunshine Foundation?

Are you a new volunteer? Yes No – If "No", for how long? _____

Do you have access to a vehicle? Yes No

What inspired you to consider volunteering for Sunshine Foundation?

Past Volunteer Experience (please include organization, position and duties):

What special skills or interests do you have that would be a benefit to Sunshine Foundation (i.e. computer skills, bilingual, artistic, etc.):

Have you ever been convicted of a crime for which a pardon has not been granted?

Yes No

Do you speak a second language?

Yes No

Are you willing to make a minimum of one-year commitment?

Yes No

Are you a member of any other clubs/professional organizations?

Yes No If "Yes", Please list: _____

How many hours per week would you be willing to commit to your volunteer position?

Volunteer Opportunities (please number in order of preference)

- | | |
|--|---|
| <input type="checkbox"/> Leadership Position | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Walk for Dreams | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Dream Fulfillment | <input type="checkbox"/> Other |

Please list 2 references, personal or professional that we may contact (excluding relatives)

1.Name: _____ Phone Number: () _____

Address: _____

2.Name: _____ Phone Number: () _____

Address: _____

I certify that all of the information provided above is true and accurate.

Signature

Date

We appreciate your interest in volunteering with Sunshine Foundation. We look forward to working with you to make dreams come true for Canadian children

The Sunshine Foundation is committed to protecting the privacy of our volunteers. Information collected is necessary to evaluate skills and eligibility. For more information on our Privacy Policy, please refer to www.sunshine.ca.

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