



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Best time to call? _____

1) Where/how did you hear about Willow?

2) What are your reasons for wanting to volunteer at Willow?

3) What are your current job and/or volunteer commitments?

4) What previous job and/or volunteer positions have you held?

5) What is your educational background?

6) What special skills or interests do you feel you have to offer Willow?

7) Do you speak a second language? If yes, please indicate languages spoken.

8) Are you a breast cancer survivor? Yes No

9) Please check the areas you are interested in:

Peer Support Counselling* Organizational Committee Work Special Events
 General Office Work Data entry Other (please specify)

**Please note, this role is limited to breast cancer survivors.*

10) Is it possible for you to make a minimum six month commitment? Yes No

If not, what type of time commitment can you make?

11) What day(s) and times are most suitable for you to volunteer?

12) Any additional comments?

Date

Applicant's Signature

Thank you for taking the time to complete this application form.

All the information you have supplied will be held in strict confidence. Please send your application to the address listed below. We will contact you once your application has been reviewed.

Willow Breast Cancer Support Canada
30 St. Patrick St., 4th Floor, Toronto, ON M5T 3A3
Tel: (416) 778-5000 Toll-free: 1-888-778-3100
Fax: (416) 778-8070
Email: info@willow.org