



Brain Tumour Foundation of Canada Volunteer Application Form

Please complete both pages of this form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Number: _____ Best time to call: _____

Alternate Number: _____ Email: _____

Preferred method of correspondence? _____

How did you hear about our volunteer opportunities? _____

Why are you interested in becoming a volunteer? _____

What area(s) are you interested in volunteering in, or what positions interest you? _____

Languages spoken: _____

Hobbies and/or leisure interests: _____

Emergency Contact Information

Name: _____

Address: _____

Relationship: _____

Home Number: _____ Alternate Number: _____

Academic Background

High School (highest grade/level completed): _____

College/University (specify program): _____

Other training, certificates, and designations: _____



Employment Background

| Employer | Title | Role/Responsibilities |
|----------|-------|-----------------------|
| | | |
| | | |
| | | |

Personal References

Names and complete mailing addresses of two references (not immediate relatives) who have known you for two years or more:

Reference

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (day): _____ Phone (evening): _____

Email address: _____ Relationship: _____

Reference

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (day): _____ Phone (evening): _____

Email address: _____ Relationship: _____

The following information helps us to best serve the brain tumour community:

Are you a: Patient/Survivor Family member Caregiver Health Care Professional

Other: _____ Year of Birth: _____

If you are a Patient/Survivor, what type of brain tumour was diagnosed (circle one):

Non-Malignant Malignant Mixed Grade Unknown

Any additional comments: _____

Applicant Signature: _____ Date: _____