



## Volunteer Position Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Member of Concerned Friends: Yes  Applied  (\$25.00 Annual Membership Fee)

What type of volunteer role(s) are you interested in pursuing? Board Member  Advocate  Reviewer

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*What interests you about becoming a volunteer of Concerned Friends?*

*Prior volunteer experience – please provide details?*

**Please describe any other experience you consider relevant that you bring to the organization**

**What personal strengths do you have which would contribute to your success as a Concerned Friends volunteer?**

	Advanced	Good	Fair	None
Knowledge / experience with Long-Term Care				
Board / Governance				
Policy Development				
Government relations				
Business management				
Accounting / financial expertise				
Communications				
Computer Literacy (MsOffice/Google Docs)				
IT (web design)				
Marketing - Public relations				
Membership recruitment /retention				

When would you be available to do volunteer activities?       days    evenings    weekends

What amount of time could you give as a Concerned Friends volunteer? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you, for your interest in Concerned Friends and for completing this application.  
You will be contacted by our Volunteer Coordinator in the near future.*

**Concerned Friends of Citizens in Care Facilities**  
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