

Name: _____

Address: _____

Primary phone #: _____ Best time to call: _____

Email address: _____

Emergency contact: _____ Phone: _____

I am currently:

___ employed full-time ___ part-time ___ seeking employment ___ a student ___ retired

Volunteer experience: _____

Professional expertise: _____

Employment experience: _____

Education: _____

Languages spoken: _____

Why would you like to volunteer with BFO Ottawa? _____

How many hours would you like to give?

___ hours/week on a ___ regular basis or ___ irregular basis

Which position are you interested in?

___ trained facilitator ___ committee member ___ fundraising ___ grant writing

___ marketing communications ___ IT support ___ office support

___ event planning and co-ordination ___ other

Please return completed application to: office@bfo-ottawa.org

Thank you for your interest in volunteering with BFO Ottawa!

OFFICE USE ONLY

Date application received: _____

Interview completed: _____

References checked: _____

Police check completed: _____