



Kelly Shires Breast Cancer Foundation

VOLUNTEER INQUIRY FORM

Contact Information

First Name: Last Name:

Address: Suite:

City: Province: Postal Code:

E-mail Address:

Phone: Additional Phone:

Additional Information (Availability - check off one or more that apply)

Weekdays Evening Weekends

Type of Commitment

Short-term Long-term

Skills and/experience/areas of interest (check off one or more that apply)

Fundraising Awareness/Educational Promotion/Communications
Public Speaking Administration/Customer Service Data Entry/Word Processing
Digital Design Other:

Other skills or experience:

I have a valid Driver's License I have a vehicle I am bondable

I agree to have a Vulnerable Sector check completed before volunteering

Tell us more about yourself: