



Pelham Cares Volunteer Profile

Contact Information

Name:
Address:
Postal Code:
Telephone:
Fax:
Email:
In Case of Emergency – Contact Name:
Relationship:
Contact #:
Alternate #:

Volunteer Drivers- Information needs to be updated yearly

Drivers License #: (Attach photocopy)				
Car Insurance Provider & Policy #: (Attach photocopy)				
Car Registration – Attach photocopy				
Records on file: Proof of Insurance				
<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013

Profession/Occupation

<input type="checkbox"/>
<input type="checkbox"/> Retired

Skills [you may check more than one skill]

<input type="checkbox"/> Board experience	<input type="checkbox"/> Financial
<input type="checkbox"/> Communications	<input type="checkbox"/> Public relations
<input type="checkbox"/> Fund raising	<input type="checkbox"/> Governance
<input type="checkbox"/> Special events	<input type="checkbox"/> Executive
<input type="checkbox"/> Telephone-phone bank	<input type="checkbox"/> Secretarial
<input type="checkbox"/> Driving	<input type="checkbox"/> Computer
<input type="checkbox"/> Reading to others	<input type="checkbox"/> Data base /entry
<input type="checkbox"/> Policy /bylaws	<input type="checkbox"/> CPR
<input type="checkbox"/> Letter writing	<input type="checkbox"/> First aid
<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Activities [list your current/past volunteer activities]

Community Connections/Organizations

Please indicate the area of volunteering that most interests you:

Date: _____ Signature: _____

Please return completed application to:
Pelham Cares Inc.
2 Pelham Town Sq, Unit 101
P O Box 1173, Fonthill ON L0S 1E0