



Hearth Place Cancer Support Centre

Volunteer Application

CONTACT INFORMATION

First Name _____

Last Name _____

Street Address _____

City _____

Prov _____

Postal Code _____

Email _____

Phone # _____

Please Circle: Home Cell

EMERGENCY CONTACT

Name: _____ Phone #: _____

Relationship: _____ Alt #: _____

AVAILABILITY

- Weekdays
 Weeknights
 Weekends

AREA OF INTEREST

- Fundraising Events / Committee
 Fundraising & Sponsorship in the Community
 Reception / Administration
 Photographer
 Service Provider (Group Facilitator, Music/Art Therapist, Wellness Therapist)
 Other: _____

REFERENCE

Name: _____ Phone #: _____

Relationship: _____ Email: _____

REFERENCE

Name: _____ Phone #: _____

Relationship: _____ Email: _____

How did you hear about us?

- Volunteer Centre Word of Mouth Media Brochure Other: _____

*A Police Check will be required.

Hearth Place Cancer Support Centre
 86 Colborne Street West, Oshawa ON, L1G 1L7
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 E-mail: carolyn@hearthplace.org | www.hearthplace.org

