



Capital Campaign Volunteer Application Form

Thank you for considering joining our **Capital Campaign** team! Please take a moment to complete this form, so we can learn more about you, your skills, and what part of the Campaign you might be most interested in helping us succeed.

CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address (include Apt. #): _____

City: _____ Province: _____ Postal Code: _____

Phone: (Day) _____ (Evening) _____

I prefer to be contacted in the: Day Evening

Email: _____

Birthdate (Day/Month/Year): _____ Languages Spoken: _____

EMPLOYMENT STATUS

Employed full-time Employed part-time Looking for work Student Retired

If you are employed, please indicate your employer: _____

If you are retired, please indicate your previous occupation: _____

If you are a student, please indicate which school you are attending: _____

WHAT ARE YOUR REASONS FOR VOLUNTEERING WITH THE CAPITAL CAMPAIGN?

PLEASE LIST YOUR TOP THREE CHOICES OF VOLUNTEER ACTIVITIES

1. _____
2. _____
3. _____

QUALIFICATIONS/ SKILLS

INTERESTS/ HOBBIES

PLEASE INDICATE IF YOU HAVE ANY PREVIOUS VOLUNTEERING OR FUNDRAISING EXPERIENCE

HOW DID YOU LEARN ABOUT VOLUNTEERING WITH THE CAPITAL CAMPAIGN?

Friend/Colleague Website Y Staff/Volunteer Media Other: _____

WHEN ARE YOU AVAILABLE?

Mon: Morning _____ Afternoon _____ Evening _____
Tues: Morning _____ Afternoon _____ Evening _____
Wed: Morning _____ Afternoon _____ Evening _____
Thurs: Morning _____ Afternoon _____ Evening _____
Fri: Morning _____ Afternoon _____ Evening _____
Sat: Morning _____ Afternoon _____ Evening _____
Sun: Morning _____ Afternoon _____ Evening _____

PLEASE CONTACT THE FOLLOWING INDIVIDUALS FOR A REFERENCE

Please do not list relatives.

Name: _____ Occupation: _____ Telephone: _____
Name: _____ Occupation: _____ Telephone: _____

I promise, as a volunteer, to keep confidential all information I learn about or from the members/participants. I promise not to discuss the members/participants with anyone other than my supervisor or the Volunteer Coordinator.

Signature: _____ Date: _____

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

Nancy Tse
National Capital Region YMCA-YWCA
Corporate Offices
180 Argyle Street
Ottawa, Ontario K2P 1B7

Fax: 613.788.5022