



SOCIÉTÉ DE LA SCLÉROSE LATÉRALE AMYOTROPHIQUE DU QUÉBEC
AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF QUEBEC
LA MALADIE DE LOU GEHRIG'S DISEASE

Volunteer Application Form

Thank you for filling out this form. Please write in block letters. All received information remains confidential and is for the exclusive use of the ALS Society of Quebec.

GENERAL INFORMATION

Name: _____ Surname: _____
Address: _____ Apt.: _____
City: _____ Province : _____ Postal code : _____
Telephone (home) : _____ Telephone (work) : _____
Email: _____ Cellphone: _____
Contact person in case of emergency: _____ Telephone: _____
Birth date : _____ Spoken languages : _____

PROFILE

1. Have you previously done volunteer work? Yes No
If yes, where, when and which position (title or role).

2. How did you hear about the Society's volunteer program? (Tick off all appropriate answers)
 Call/visit to our office Volunteer Bureau Friend/relative Internet
 Other volunteer Other (please explain) : _____
3. Why would you like to volunteer with the Society? _____
4. What is your availability? _____
5. Are you: retired _____ student _____ employed _____?
6. Are you presently employed? Full time Part time
Position and employer: _____
Address of workplace: _____
Can you provide a resumé? Yes No Joined No
7. Are you willing to undergo a verification of any criminal record? Yes No
Please note: Final selection as a volunteer for some roles is dependant on a successful verification of a criminal record.

8. What type of volunteer work interests you?

- Administrative work, translation...
- Fundraising activities
- Companion during social activities
- Friendly visit program
- Telephone calls
- Other. Please specify: _____

RÉFÉRENCES

Name: _____

Address: _____

Telephone: _____

Relation to you: _____

Name: _____

Address: _____

Telephone: _____

Relation to you: _____

AUTHORISATION

I certify that the information provided on this form is accurate and complete. I agree to conduct myself in accordance with the rules and codes of the Society. I give permission to the ALS Society of Quebec to contact the persons listed above as references and to obtain, if necessary, a criminal record check.

Signature of applicant : _____ Date : _____

COMMENTAIRES (Réservé au bureau)

ALS Society of Quebec
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