



### AMREF CANADA Volunteer Application Form

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Fax: (416) 961-6984  
Email: [info@AMREFcanada.ca](mailto:info@AMREFcanada.ca)  
www.amrefcanada.org

Date Submitted: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell: \_\_\_\_\_

Is it okay for us to contact you at work?

(Mark with X where applicable)

2. How long have you had a relationship with AMREF Canada?

Less than 1 year  2 yrs  3-4 yrs  5-6 yrs  Other \_\_\_\_\_

3. How did you first learn about AMREF Canada?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why are you interested in volunteering with AMREF Canada?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Employment status:

Working full-time

Student

Working part-time

Raising a family



Retired  
 Searching for job

On sabbatical

Other: \_\_\_\_\_

### 6. Employment history

a) Current job: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

b) Past job: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Past job: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

### 7. Volunteer history

a) Organization: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

b) Organization: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

### 8. What languages do you speak?

\_\_\_\_\_

### 9. Please indicate which areas of skill and interest:

- |   |                                     |   |   |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Finance    | <input type="checkbox"/> MS Word        | <input type="checkbox"/> Clip Art/Design  |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Marketing  | <input type="checkbox"/> MS Power Point | <input type="checkbox"/> Creative writing |
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Data entry | <input type="checkbox"/> MS Excel       | <input type="checkbox"/> Media Relations  |



Typing       Telephone       Translation

Other(s): \_\_\_\_\_

10. Which AMREF Canada activities would you most enjoy volunteering?  
(Mark with X on as many as apply)

Marketplace Gala       Writing International       Coffeehouse (ICH)  
 Internet research       Office/Administration       Graphic Design work  
 Event planning       Whatever is needed

Other: \_\_\_\_\_

11. When are you available to volunteer with AMREF Canada?  
(Mark with X where applicable)

Mon       Tues       Wed       Thurs.       Fri.       Sat       Sun

Time of Day:

Morning       Afternoon       Evening

12. Do you have any concerns/constraints that could affect you volunteering with AMREF Canada that we should know? (e.g., health problems, food sensitivities etc.)

If yes, please explain: \_\_\_\_\_

13. If you have already volunteered with AMREF, have the roles and responsibilities of your task (s) been well structured and clearly defined?

Yes       No

If no, how can this process be made better for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, please provide his/her contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # and/or Email: \_\_\_\_\_

\_\_\_\_\_



# AMREF

**African Medical & Research Foundation**

[www.amrefcanada.org](http://www.amrefcanada.org)

15. Other comments, suggestions or things you think we should know about you?

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**THANK YOU for your time and for supporting AMREF Canada!**