



Merry Go Round Children's Foundation Volunteer Application Form

A – CONTACT INFORMATION

Date: _____
(mm / dd / yyyy)

Mr. / Mrs. / Ms / Miss / Dr. Name: _____
(First) (Middle Initial) (Last)

Address: _____ Apt. _____

(City) (Province) (Postal Code)

Phone (home): (____) _____ Phone (cell): (____) _____

Email: _____

How did you learn about volunteering with Merry Go Round Children's Foundation?

- Media (i.e. Newspaper)
- Website (site name: _____)
- Other (_____)
- A friend/acquaintance approached me
- At a special event

Languages spoken: English French Other: _____
Languages written: English French Other: _____

B – SKILLS PROFILE

Occupation: _____ Employer (optional): _____

Previous / present volunteer or work experience: _____

Affiliations (optional): e.g. professional associations, social & service clubs, fraternities, etc.: _____

What skills would you like to use in a volunteer role with us?

- accounting / bookkeeping
- business / administration
- communications / media relations
- computer: internet / website
- computer: keyboarding / data entry
- computer: word processing
- other: _____
- event planning / committee work
- fundraising
- general office telephone / reception
- volunteer development / coordination
- marketing / public relations
- writing / editing

C – VOLUNTEER OPPORTUNITIES

Please check your area(s) of interest. Indicate your preference by ordering them #1, 2, 3, etc.

- fundraising committee
 - marketing / communications duties
 - event hosting
- general administrative role
 - technology support
 - grant research / proposals

D – AVAILABILITY

Please mark with a (✓) the days/times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning						
Afternoon						

Indicate any extended periods during the year when you are unavailable to volunteer: _____

E – REFERENCES

Please list three references (other than family members):

	Name	Telephone Number	Email Address
1.		()	
2.		()	
3.		()	

F – VOLUNTEER CONFIDENTIALITY AGREEMENT

At all times, the privacy and dignity of clients, donors, volunteers and staff will be respected, and the mission, vision and philosophy of the Foundation will be followed in accordance with the Foundation`s policies, standards and guidelines. As a volunteer of Merry Go Round Children`s Foundation, you may have access to information and documents relating to clients, donors, volunteers and staff that are private and confidential in nature. All client records are the property of the Foundation and will be treated as confidential material; reasonable care and caution should be exercised to protect and maintain total confidentiality. No person shall read records or discuss such information unless there is a legitimate purpose.

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the agreement above. And, by signing below, you grant Merry Go Round Children`s Foundation permission to contact the references listed.

Signature: _____

Date: _____

Signature of parent / guardian (if under 18): _____

Please print parent / guardian name _____

**Thank you for completing this form.
Suitable applicants will be contacted to discuss current opportunities.**