



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ Telephone (alternate): _____

E-mail: _____

Why would you like to volunteer for Kidney Cancer Canada?

Languages Spoken / Written:

VOLUNTEER INTERESTS *(please be as specific as you can)*

- Community liaison**
Promote Kidney Cancer Canada and distribute our print materials in your local community.
- Public relations**
Tell your story or help us with communications & media relations.
- Special projects / committees**
Help us on a committee or with a special project
- Special events**
Volunteer for a single day event.
- Provincial representative**
Help us expand the presence and influence of Kidney Cancer Canada in your province.
- Patient/Caregiver support**
Speak privately and in confidence with those seeking support.
(Personal experience with kidney cancer, as a patient or caregiver is required.)
- Other *(please specify)***

Please fill out the above application and return to:

Kidney Cancer Canada | 4936 Yonge Street, Suite 226 | Toronto, ON M2N 6S3

Email: info@KidneyCancerCanada.ca

Signature _____ Date _____

For more information contact 1.866.598.7166 or go to www.KidneyCancerCanada.ca