



Thunder Bay Regional
Health Sciences
Foundation

Thunder Bay Regional Health Sciences Foundation VOLUNTEER REGISTRATION FORM

(Form Q13)

Date: _____

First Name: _____ Last Name: _____

Home Address: _____ Postal Code: _____

Home #: _____ Cell #: _____ Email: _____

How would you like us to contact you? Home Phone Cell Phone Email

Why would you like to volunteer for the Foundation? _____

What kind of volunteer position interests you?

Event Organizing Committee Special Events Office/Clerical Ticket Sales

Other: _____

What time of day would you be most available to volunteer?

Mornings Afternoons Evenings Other _____

Are you willing to volunteer for on-call events as they arise? Yes No

Please check your skills/interests:

Day-of event volunteer Ticket sales Reception

Computer work Stuffing Envelopes Counting tickets

Other: _____

Please check computer programs you are familiar with (if 'computer work' checked above):

MS Word MS Excel MS PowerPoint Raiser's Edge Internet Explore

InDesign Other: _____

Please list your personal skills and characteristics: _____

Are you involved in other clubs, groups or organizations? Yes No

If yes, please list: _____

IN CASE OF EMERGENCY, the person below may be contacted:

Name: _____ Telephone: _____

Address: _____ Relationship: _____

REFERENCE THAT MAY BE CONTACTED (other than family):

1. Name: _____ Telephone: _____

Relationship to Volunteer: _____

2. Name: _____ Telephone: _____

Relationship to Volunteer: _____

I give my permission to the Health Sciences Foundation to contact the above reference:

Signature: _____

PROMOTIONAL RELEASE:

I authorize Thunder Bay Regional Health Sciences Foundation to use and reproduce photographs, video, and voice recordings which involve myself. This applies to promotional initiatives, including brochures, videos, newsletters, websites, information displays, public media opportunities and other educational purposes.

Signature: _____

CONFIDENTIALITY:

I hereby agree and understand that the donor and patient information at the Thunder Bay Regional Health Sciences Foundation is confidential and as such I will respect this confidentiality. Further, a breach of this confidentiality may lead to a dismissal from my duties as a volunteer at the Thunder Bay Regional Health Sciences Foundation.

Signed: _____ Witness: _____