

WELLAND HOSPITAL FOUNDATION

Volunteer Application

Name: _____

Mailing Address: _____

Tel. (residence) _____ Email _____

DEMOGRAPHICS

Gender: Female _____ Male _____

Age: 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60-69 _____ 70+ _____

Location: Please list any communities within the Niagara Region in which you have connections, i.e. family members live there or business has branch office there _____

AREAS OF VOLUNTEER INTEREST

___ Data Entry/Computer ___ Mass mailings (folding & stuffing)
___ Filing ___ Special Events Committee
___ On-line/Internet Research ___ Audit Committee (requires professional designation)

SKILLS & EXPERTISE - Please indicate all categories that apply:

___ Accounting / Financial ___ Investing ___ Fundraising (principles/practices)
___ Customer Service ___ Governance ___ Corporate Sponsorships
___ Leadership ___ Legal ___ Estate Gifts
___ Management ___ Strategic Planning ___ Grant Proposals
___ Special Events ___ Public Speaking ___ Marketing/Public Relations
___ Major Gifts Solicitation (face-to-face asks for donations)
___ Second Language (if so please list) _____
___ Other _____

PROFESSIONAL DESIGNATIONS OR AFFILIATIONS (i.e. CGA):

CLUB MEMBERSHIPS OR ASSOCIATIONS (i.e. cultural, community service):

OTHER:

Due to the nature of information held by Welland Hospital Foundation, would you be willing to sign a confidentiality agreement? Yes No

SIGNATURE: _____ DATE COMPLETED: _____