



**Baby's Breath**  
**Souffle de bébé**

## VOLUNTEER APPLICATION FORM

Name: _____	
Address: _____	Apt. _____
City: _____	Province: _____
Postal Code: _____	Phone: _____
Email: _____	
Emergency Contact Name: _____	Phone: _____

How did you learn about volunteering for Baby's Breath?

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Why are you interested in volunteering with Baby's Breath?

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Please describe previous or current volunteer or work experience:

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Please indicate your availability below

	MON	TUES	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Please list three references (other than family members)

Name	Relationship	Phone Number	Email
1.			
2.			
3.			

What languages are you proficient in (Please circle all that apply) : \_\_\_\_\_

English—spoken      French—spoken      Other—spoken (specify): \_\_\_\_\_

English—written      French—written      Other-written (specify): \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

Please circle your area(s) of interest:

Presentations/displays/community outreach      Special Events

Peer Support      Fundraising

Please outline your skills and talents that you can apply as a volunteer with us:

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By signing below, you acknowledge that the information provided is true and accurate. You also grant Baby's Breath permission to contact the references listed for the purpose of obtaining a reference regarding your application to become a volunteer.

Signature: \_\_\_\_\_

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

***Thank you for completing your application.  
Suitable applicants will be contacted directly regarding volunteer opportunities.***