



Volunteer involvement is based on the successful completion of further screening measures and the availability of a suitable role. Please submit a completed form to info@fightingblindness.ca with subject: Volunteer.

CONTACT INFORMATION

First Name:

Last Name:

Address:

Province:

City:

Postal Code:

Phone:

Date of Birth:

Email:

Are you a student? Yes No

Yes, I would like to receive email from the Foundation Fighting Blindness about the Foundation, its impact and other ways I can help. I can withdraw my consent at any time.

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Relationship: _____

AVAILABILITY:

Frequency:	<input type="checkbox"/> One-Time (Event Based)	<input type="checkbox"/> Year Round
Day:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Time:	<input checked="" type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	

AREAS OF INTEREST:

- Interactive: Assisting at the local office (phone calls to donors)
- Non-Interactive: Assisting at the local office (administrative, data entry)
- Promoting events at trade shows, putting up posters, etc
- Promoting health living (education and awareness)
- Being a leader in your local community (leading other volunteers, sharing your professional skills)
- Volunteering at a fundraising event on a committee or on event day

Specific Event: Comic Vision Cycle for Sight Ride for Sight Vision Quest