



## **VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CELL PH \_\_\_\_\_ HOME PH \_\_\_\_\_

REPRESENTING WHAT TOWN \_\_\_\_\_

How involved would you like to be in the program? \_\_\_\_\_

\_\_\_\_\_

Would you like to help out with soliciting businesses for the annual auction, if so what town? \_\_\_\_\_

\_\_\_\_\_

Would you like to help out at other events CAP participates in such as the Pioneer Parade, the Health Fair in Ottawa, or other events we may get involved in? \_\_\_\_\_

Are you interested in running for a board member position? \_\_\_\_\_

Are you interested in representing or speaking on behalf of CAP at an event if needed? \_\_\_\_\_

Do you have any suggestions or ideas you would like to share that would be useful to the program?

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