



VOLUNTEER APPLICATION

INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

VOLUNTEER OPPORTUNITIES

FUNDRAISING EVENTS: please check areas of interest.

YOGA 4 HOPE (Aug)	SCARE AWAY (Oct)
6am-10am	9am-1pm
10am-2pm	1pm-5pm
2pm-6pm	5pm-9pm
6pm-10pm	9pm-1am
10pm-2am	

OTHER POSITIONS: note: not all are available

1. BOARD MEMBER	3. PERFECT PAIR PROGRAM	4. CLERICAL SUPPORT
2. COMMITTEE MEMBER:	<ul style="list-style-type: none"> Assistance with specific clinic days 9-5 	5. MARKETING
<ul style="list-style-type: none"> YOGA 4 HOPE 	<ul style="list-style-type: none"> clerical 	6. PUBLIC RELATIONS
<ul style="list-style-type: none"> SCARE AWAY 	<ul style="list-style-type: none"> Greeting patients 	7. PICK-UP/DROP OFFS
	<ul style="list-style-type: none"> payment processing 	

SKILLS & QUALIFICATIONS

Please provide any training, abilities, personal strengths and hobbies that are relevant to your interest in volunteering:

Pajama Angels ~ 2535 8th CONCESSION ROAD RR3 LASALLE, ON ~ N9A6Z6 ~
PHONE: 519-796-9003 ~ FAX: 519-966-5290 ~ EMAIL: darlene@PajamaAngels.org
 www.PajamaAngels.org
 www.yoga4hope.ca ~ www.scareawaybreastcancer.ca ~ www.proactivebreasthealth.com



EMPLOYMENT / EDUCATION (OPTIONAL)

EMPLOYMENT	RETIRED	STUDENT	OTHER	COMMENTS
Employer & Occupation:	Most Recent Employer:	School & Area of study:		
PHONE:	PREVIOUS OCCUPATION:	YEAR:		

POLICE RECORDS CHECK

Please note some positions require a police records check:

X -Signature

X -Date

INTERVIEW DATE:

COMMENTS:

Attachments: RESUME if available

Please Mail, Scan & Email or Fax your completed form to the below:

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