

GI (GASTROINTESTINAL) SOCIETY VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

First Name _____ Last Name _____
 Street _____ Suite/Apt _____
 City _____ Province _____ Postal Code _____
 Home _____ Business _____ Cell _____
 Email _____

What is your preferred method of communications? Mail Phone Email

I consent to receiving emails from the Gastrointestinal Society: Yes No

WHY VOLUNTEER

What are your reasons for volunteering for the Gastrointestinal Society?

- Interest in GI Illness
- Someone I know has been affected by GI Illness
- Spare Time
- Develop career skills/experience
- ESL-English as a second language
- Volunteer experience
- Other _____

VOLUNTEER OPPORTUNITIES

Please check all that you are interested in helping with:

- General office assistant
- Shipping assistant
- Marketing/communications
- Fundraising
- Awareness information displays
- General event assistance
- Special projects
- Writing

AVAILABILITY

What day(s) and time(s) suit you best for volunteer activities?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Evening							

TRANSPORTATION

Do you have access to a car for volunteer activities? Yes No

EMPLOYMENT & EDUCATION

Employed Student Retired Other _____

Which organization/company are you a student or employee of? _____

Have you attached a copy of your resume? Yes No

If no, please briefly tell us about your work and/or past volunteer experience: _____

SKILLS

Based on your experience and training, which of the following skills would you like to offer.

- | | | |
|---|--|---|
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Retail sales | <input type="checkbox"/> Marketing/communications |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Research (internet) | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Event planning | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Public speaking | |

Languages: fluent in _____

Translation: fluent in _____

Other _____

Computer software Skills

- | | | | |
|-----------------------|-----------------------------------|---------------------------------------|-----------------------------------|
| Microsoft Word | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| Microsoft Excel | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| Microsoft Power Point | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| Other | _____ | | |

EMERGENCY CONTACT (optional)

Name _____ Relation _____

Day Telephone _____ Evening Telephone _____

REFERENCES

Name _____ Organization _____ Telephone _____

Name _____ Organization _____ Telephone _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

I hereby certify that all information included in this application form is true and complete. I agree to participate in orientation and training sessions as requested, I understand that the Gastrointestinal Society may contact me with information regarding other GI society volunteer activities. If at any time I no longer wish to be contacted by GI Society I may request to be removed from future mailings by contacting the Society.

I understand that the GI society is committed to protecting the privacy of personal information in its possession and that this information will be kept confidential and will not be sold, traded, or loaned to any other organizational. I agree to respect the confidentiality of all information I may have access to at the Society.

Signature _____ Date _____

(If you are under the age of 18 please obtain parental or legal guardian consent)

Parent's Name _____ Parent's Signature _____

THANK YOU FOR YOUR INTEREST WITH THE GASTROINTESTINAL SOCIETY