We are the bereaved helping the bereaved learn to live with grief

VOLUNTEER APPLICATION

Volunteers are the backbone of our organization. Please complete this form if you are interested in becoming a Volunteer with BFO-HP. Must be a minimum of 18 years of age and complete a CPIC (Police Clearance).

DATE:					
YOUR NAME: (Please print clearly) ADDRESS:					
EMAIL:					
	of volunteer work are you interested in?				
Office Comm	Facilitator tial Board Member Support nittee Work (i.e. Walk to Remember, Loving Memory Ceremony, etc.) Development				
What types volunteer v	of volunteering / related experience would you bring to with us?				
What type	of loss have you experienced?				

Please provide any additional information that you believe might be helpful to match a volunteer position with your area of interest.					
Please list any languages sp	ooken and indicate if basic, i	ntermediate or advanced:			
Language	Level Spoken	Level Written			
	•				

AVAILABILITY

Please mark an X to indicate when you are available.

	Morning	Afternoon	Evening
	(9am – 12pm)	(12pm – 5pm)	(5pm to 9pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Thank you for your interest in volunteering with the Centre for Grief & Healing Bereaved Families of Ontario-Halton/Peel.