

THE	
NEVER DIES FOUNDATION	

Contact Information	FOU	INDAHON		
Name				
Street Address				
City Province Postal Code				
Home Phone				
Cell Phone				
E-Mail Address				
Availability				
Availability During which hours are yours	veilable for valunteer aggignments?			
Duning which hours are you a	vailable for volunteer assignments?			
Weekday mornings	Weekend mornings			
Weekday afternoons	Weekend afternoons			
Weekday evenings	Weekend evenings			
Interests				
Tell us in which areas you are	e interested in volunteering			
Toll do in willon alcas you are	, interested in volunteering			
Administration				
Events Planner				
Communication				
Fundraising				
Social Media and Web Do	esigner			
Summer Camp Assistant				
Newsletter production				
Volunteer coordination				
Special Skills or Qualifica	ations			
•	qualifications you have acquired from employment, previous volun	iteer work,		
or through other activities, inc	cluding hobbies or sports.			

Previous Volunteer Experience				
Summarize your previous volunteer experience.				
Person to Notify in Case	of Emergency			
Name				
Street Address				
City Province Postal Code				
Home Phone				
Cell Phone				
E-Mail Address				
Agreement and Signature				
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.				
Name (printed)				
Signature				
Date				

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.