



**Amref Health Africa in Canada  
Volunteer Application Form**

Tel: (416) 961-6981

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Email: [info@amrefcanada.org](mailto:info@amrefcanada.org)

[www.amrefcanada.org](http://www.amrefcanada.org)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. How long have you known Amref Health Africa?

Less than 1 year  2 yrs  3-4 yrs  5-6 yrs  Other \_\_\_\_\_

2. How did you first learn about Amref Health Africa?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why are you interested in volunteering with Amref Health Africa in Canada?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employment status:

- Working full-time
- Working part-time
- Retired
- Searching for job

- Student
- Raising a family
- On sabbatical

Other:

\_\_\_\_\_

5. Employment history

a) Current job:

Organization/Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

b) Past job:

Organization/Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

6. Volunteer history

a) Organization:

\_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

b) Organization:

\_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

7. Which languages do you speak?

\_\_\_\_\_

8. Please indicate which areas of skill and interest:

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Finance    | <input type="checkbox"/> Clip Art/Design  |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Creative writing |
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Data entry | <input type="checkbox"/> Media Relations  |
| <input type="checkbox"/> Typing         | <input type="checkbox"/> Telephone  | <input type="checkbox"/> Translation      |

Other(s): \_\_\_\_\_

9. At which Amref Health Africa activities would you most enjoy volunteering?  
(Mark with X on as many as apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Marketplace Gala  | <input type="checkbox"/> Writing International | <input type="checkbox"/> Graphic Design work |
| <input type="checkbox"/> Internet research | <input type="checkbox"/> Office/Administration |  |
| <input type="checkbox"/> Event planning    | <input type="checkbox"/> Whatever is needed    |  |

Other: \_\_\_\_\_

10. When are you available to volunteer with Amref Health Africa in Canada?

(Mark with X where applicable)

Mon       Tues  Wed       Thurs.  Fri.  Sat  Sun

Time of Day:

Morning     Afternoon  Evening

11. Do you have any concerns/constraints that could affect you volunteering with Amref Health Africa in Canada that we should know? (e.g., health problems, food sensitivities etc.)

If yes, please explain: \_\_\_\_\_

**THANK YOU for your time and for supporting Amref Health Africa in Canada!**