



Friends of Olivia Foundation

Volunteer Interest Form

Name: _____ Date: _____ D.O.B. ____/____/____
Last First mm dd yy

Address: _____/_____/_____
City Province Postal Code

Phone # Home :() _____ other :() _____ E-mail _____

I would prefer to be contacted by; Phone or E-mail

How much notice would you prefer before an event; _____

I prefer to volunteer; during the day during the evening Weekends

I would prefer to volunteer for,
Coordination & Planning Committee Work Assist on Site at Events
Information Table Selling tickets
Other _____

Skills that I would like to offer the foundations include;

Please state why you would like to volunteer with the Friends of Olivia Foundation.

How did you learn about the Friends of Olivia Foundation?

Signed: _____ Date: _____

We appreciate your interest in the Friends of Olivia Foundation and we will contact you soon.
Please forward this application to our office attention Mario Biron.