
Volunteer Application

Thank you for your interest in volunteering with the Winnipeg Chapter of Dying With Dignity Canada. We appreciate that you are willing to give us the gift of your time and expertise. All volunteer applications are reviewed with the volunteer positions in mind. The completed form will be stored securely and confidentially; only authorized staff will have access to your information.

Volunteer position I am interested in:

ACP Workshop Presenter ACP Workshop Assistant

I am available

Mon – Fri mornings Mon – Fri afternoons Sat afternoons Other (write below)

Personal Details

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Mobile) _____

E-mail: _____

Please describe the skills, expertise and knowledge you would share with us:

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (Home) _____ (Mobile) _____

Signature: _____ Date: _____
month dd, yyyy