



FOUNDATION

CAMBRIDGE MEMORIAL HOSPITAL FOUNDATION

Thank you for expressing your interest in volunteering to assist with activities benefitting the Cambridge Memorial Hospital. **Please complete this form.** We also ask you to complete a police records check in the selection process.

I would like to apply to be considered for the following opportunity with the Cambridge Memorial Hospital Foundation:

Board Member (Volunteer Position)

My Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	
EMERGENCY CONTACT NAME	
EMERGENCY PHONE	
RELATIONSHIP	
Current Occupation	
Place of Employment	
Work Phone	

My Previous Volunteer Experience

Summarize your previous volunteer experience.

--

My Previous Fundraising Experience

Summarize your previous fundraising experience.

--

My Skills and Experience

Please tell us about any addition skills or experience you feel would be beneficial to the organization, as well as what led you to apply as a volunteer with us.

I have skills in the following areas (please mark all that apply):

- | | | |
|------------|---|--|
| Location | <input type="checkbox"/> Galt | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Hespeler | <input type="checkbox"/> Medical |
| | <input type="checkbox"/> Preston | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| Occupation | <input type="checkbox"/> Accounting | <input type="checkbox"/> Retail |
| | <input type="checkbox"/> Administration | <input type="checkbox"/> Sales |
| | <input type="checkbox"/> Consultant/Adviser | <input type="checkbox"/> Service |
| | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Executive | <input type="checkbox"/> Wholesale/Import & Export |
| | <input type="checkbox"/> Legal | <input type="checkbox"/> Annual Fund |
| | <input type="checkbox"/> Medicine | <input type="checkbox"/> Charitable Gaming |
| | <input type="checkbox"/> Politician/Public Official | <input type="checkbox"/> Special Events |
| | <input type="checkbox"/> Retired | <input type="checkbox"/> Major Individual Gifts |
| | <input type="checkbox"/> Sales | <input type="checkbox"/> Major Corporate Gifts |
| Sector | <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Foundations |
| Experience | <input type="checkbox"/> Consulting | <input type="checkbox"/> Service Clubs |
| | <input type="checkbox"/> Construction | <input type="checkbox"/> Planned Gifts |
| | <input type="checkbox"/> Education | <input type="checkbox"/> Human Resources |
| | <input type="checkbox"/> Financial/Financial Services | <input type="checkbox"/> Governance |
| | <input type="checkbox"/> Insurance | <input type="checkbox"/> Government Relations |
| | <input type="checkbox"/> Legal | <input type="checkbox"/> Social Policy |

My Commitment

I _____ verify that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

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

Should you require any assistance with this form or more information, please contact our office.

Once complete, please return via email, fax, or mail to:

Cambridge Memorial Hospital Foundation, 700 Coronation Blvd Cambridge, ON N1R 3G2

foundation@cmh.org

Fax (519) 740-4971

Ph (519) 740-4966

Thank you for your interest in volunteering with us.