

Skills you would like to use as a BFO volunteer. Please check all that apply:

<input type="checkbox"/> accounting/finance	<input type="checkbox"/> marketing/advertising	<input type="checkbox"/> research
<input type="checkbox"/> computer/Excel/Word/PPT	<input type="checkbox"/> graphic design	<input type="checkbox"/> special events
<input type="checkbox"/> computer/Publisher	<input type="checkbox"/> public relations/communications	<input type="checkbox"/> photography/videography
<input type="checkbox"/> computer/database mgmt	<input type="checkbox"/> writing	<input type="checkbox"/> library support
<input type="checkbox"/> computer/systems/support	<input type="checkbox"/> editing/proofreading	<input type="checkbox"/> strategic planning
<input type="checkbox"/> administration	<input type="checkbox"/> public speaking	<input type="checkbox"/> driving/valid driver's license

Other skills or resources, which might benefit your work at BFO: _____

Volunteer Roles you are interested in:

<input type="checkbox"/> Professional Advisor to Support Groups*	<input type="checkbox"/> One-to-ones with new clients*
<input type="checkbox"/> Board and/or committee work	<input type="checkbox"/> Professional Advisory Committee (PAC)*
<input type="checkbox"/> Facilitating Support Groups*	<input type="checkbox"/> Community Outreach support
<input type="checkbox"/> Front Desk/Telephones*	<input type="checkbox"/> Special Events
<input type="checkbox"/> Fundraising/Development assistance	<input type="checkbox"/> Research
<input type="checkbox"/> Library/Literature reviews (new books, resources)	<input type="checkbox"/> Writing (proposals, newsletter articles)
<input type="checkbox"/> Office support (newsletter, mailings, filing)	<input type="checkbox"/> General bereavement support

* Requires completion of volunteer training program

Availability:

How many hours per week (approx.) are you available to volunteer? _____

Are you available: mornings afternoons evenings weekends

Do you see yourself volunteering: less than 1 year more than 1 year

Please tell us why you'd like to volunteer at Bereaved Families of Ontario-Halton/Peel:

I give my permission for BFO-Halton/Peel to contact the following two people (please list people other than family members) to do a reference check about my suitability to volunteer. (i.e. former or current employers or volunteer supervisors, close friends, colleagues). I also understand that I will be required to apply for a Police Records check as part of the screening process:

Name	Phone #	Relation
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Name	Phone#	Relation
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Signature: _____ **Date:** _____