



At Dalhousie Medical Research Foundation, we need volunteers to do secretarial and administrative work. We also need volunteers both to participate in and manage special events. At DMRF, there is a role for everyone! Contributions of your personal time and talents are sincerely appreciated.

Personal Information

Dr. Mr. Mrs. Ms. Miss

Last Name _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ Postal Code: _____ Tel.#() _____

Email Address: _____ Fax#() _____

Date of Birth(optional): MM _____ DD _____ YY _____

Reasons for wanting to volunteer (check all that apply)

Use skills to make a difference Meet new people/Network
 Gain experience Other reason _____

Your Availability

1. What day(s) of the week are you available to volunteer (check all that apply):

Any day Mon. Tue. Wed. Thu. Fri. Sat. Sun.

2. What time(s) of the day are you available on these days (check all that apply):

Any time Mornings Afternoons Evenings Specific _____

3. Are there any times during the year that you are unable to volunteer (e.g. summer, March Break)?

Your Preferences

1. Are you interested in volunteering on a (check one) ...

- Short-term basis (up to 6 months) Longer-term basis (longer than 6 months)
 As needed and available

2. Please identify the volunteer roles that interest you (check all that apply):

- Fundraising Volunteer Recruitment Volunteer Training/Orientation
 Secretarial/Administration Coaching/Mentoring Data Entry/Word Processing
 Promotions/Communications Special Events Volunteer
 Other _____

3. Please indicate the level of responsibility you are interested in:

- Leadership Role Supportive Role Day of Events Only

Current Employment

Occupation _____

Company Name _____

Street Address _____

City _____ Postal Code _____ Tel.# () _____

Email Address _____ Fax #() _____

Title _____ Department _____ Division _____

Education (check highest level obtained)

- University College Trade School High School

Degrees/Diplomas/Accreditations _____

Community Affiliations

Service Clubs/Organizations _____

Other Charities you Support _____

Other Information

Hobbies & Interests _____

Signature _____ Date _____

We appreciate your interest in Dalhousie Medical Research Foundation. All information will be kept strictly confidential.

Please complete and return form to:

Dalhousie Medical Research Foundation
1-A1 Sir Charles Tupper Medical Building
5850 College St.
Halifax, N.S
B3H 4H7

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Phone: (902)494-3502
Toll Free: 1-888-866-6559
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