

Tel: (416)923-3529 Fax: (416)923-5949 www.cielap.org cielap@cielap.org

VOLUNTEER APPLICATION FORM

(please attach a resume to complete this application)

Last Name:	First Name:	Email:
Address:		Phone# (Res)
Education: (Include	special qualifications)	
		Written:
CIELAP? (use add	Office/Admin Fundraising I.T./Computers o volunteer at CIELAP? itional space if necessary)	☐ Records/Info Mngt ☐ Displays/Special Events ☐ Others What are your goals/what do you hope to achieve while at
Note: We ask that v understanding of CII	olunteers commit to at least ELAP's work and will help u	4-6 months of volunteering. This will allow you to get a good
	vion rue veu	
Please fill in the following	owing upon acceptance of	volunteer placement
EMERG.CONTAC Phone# (Res)	T: Name:	Relationship to you:(Work)
I understand that all	the information within CIEL	AP is private and confidential.
Signed	, Da	te