BECOME A THREADS OF LIFE

Volunteer today!

threads'

We couldn't do it without our volunteers! Join us in supporting **Threads of Life programs and families**.

Association for Workplace Tragedy Family Support

Please print clearly, and complete both sides of the form as applicable

r rouse prime ordarry, and compress source				
Contact Information				
First Name	Initial Last Name —			
Home Address Preferred		Employer:		
Address	_	Address		
City/Province/Postal Code		City/Province/Postal Code		
Email		Email		
Home Phone C	Other Phone	Work Phone	Other Phone	
How are you connected to Threads of Life?		Reasons for volunteering? (Check all that apply)		
 □ I'm a Threads of Life Family Member □ Through a friend or relative □ Through a presentation □ Through work □ Through an event □ Other 		 □ To support those affected by workplace tragedy □ To raise awareness of Threads of Life □ Academic credit □ To fundraise for Threads of Life □ To gain experience/skills □ To share my experience/skills 		
Volunteer Position Intere	st (Chack all that apply)	Other		
Volunteer i Osition intere	эт (спескан патарру)			
FOR THREADS OF LIFE Speakers Bureau*	FOR STEPS FOR LIFE EVEN Walk Community -	NTS Day of Event Support:		
☐ Volunteer Family Guide*		☐ Set-up and Tear Down	☐ Barbecue/Food Service	
☐ Trade Show Representative	Note: Community dates, locations and event info at	Parking	Photographer	
☐ Administrative Support	www.stepsforlife.ca	Registration Stations	 Media Coordinator 	
*Volunteer positions open to family members only.	Pre-Event: Become a member of a community planning committee.	Financial Accountability VolunteersEvent GreetersVIP Liaison	 Route Marshaling Clean-Up Crew Assemble Walker Packages Children's Area 	



THREADS OF LIFE - VOLUNTEER APPLICATION FORM - PAGE 2

Other Volunteer Experience								
	Organization		Years	Activity				
Recent								
Other								
Other								
Skills/E	Experience (Che	ck all that apply)						
Comm Media/ Market Logisti	Public Relations	Event PlanningLeadershipPublic SpeakingFacilitation/Training	□ S □ F	Management locial Media fundraising Project Planning	☐ Financial/Accounting☐ Problem Solving☐ Creative/Design			
Languages Spoken (please indicate if you are fluent in any language other than English):								
Emergency Contact Information								
Emergency Contact (First and Last Name)								
Relationsh	nip	Phone # 1			Phone # 2			
Disclaimer and Signature								
☐ I am over the age of majority in the province in which I reside.								
I certify that the above information provided is truthful.								
Applicant	t Signature: Parent/Gua	ordian signature if applicant is under t	the age of ma	Date	DD/YY			

www.threadsoflife.ca 888.567.9490

For information on our Steps for Life events, visit www.stepsforlife.ca

Please mail your completed application form to:

Threads of Life, PO Box 9066, 1795 Ernest Avenue, London ON N6E 2VO

VOLUNTEERS also have the option to register online at www.threadsoflife.ca

