

Help Fill A Dream Foundation
PO Box 8136
Victoria, BC
V8W 3R8



Email: info@helpfilladream.com
Telephone: 250-382-3135
Fax: 250-382-2711
Toll Free: 1-866-382-2711

General Membership / Volunteer Application Form

Please complete the following information. Due to the nature of our foundation you may be asked to initiate and provide a copy of a criminal record check.

Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Email: _____ Fax No.: _____

Company/Employer (if applicable): _____

Job title/Description: _____

Area of expertise/Knowledge/Special skills: _____

How did you hear about Help Fill A Dream? _____

Do you wish to be a (select either or both): General Member Volunteer

Why? _____

Availability/best time(s) for you to volunteer: _____

Area(s) of interest (select all the apply):

General Volunteer

Event Specific: Rink of Dreams (3/18/11) Oak Bay Half Marathon (5/15/11) Golf for Kids (9/17/11)

Signature: _____ Date: _____

For office use only:

1st: _____ 2nd: _____ Date Approved: _____