



The Children's Foundation Volunteer Form

First Name:	Last Name:
Age:	Gender:
Preferred Pronouns:	Have you volunteered with TCF Before?:
Address:	
Telephone:	Email:
How did you find us? Who were you referred by?:	
What are you interested in Volunteering for? - Other (specify) - Golf Tournaments - New Events - Board - 50/50 Belleville Sens Nights - Committee - Gala - Angel Tree - Office Work - Kids Can't Wait Radiothon - McHappy Day	
Restrictions: (physical, food, any restrictions you may have)	
Additional Comments:	

Signature of Volunteer: _____

*You may also drop off or mail completed forms to: The Children's Foundation
 Belleville—363 Dundas Street West, Belleville, ON, K8P 1B3 p. .613-962-9292*