



SickKids Foundation

New Volunteer Intake Form

First Name: _____ Last Name: _____

Maiden Name(s)/Past Name(s) used: _____

Are you applying as a youth volunteer or an adult volunteer? Please check any one:

Youth Volunteer (14 – 17 years): _____ Adult Volunteer (17 and up): _____

Email: _____

Primary Contact Number: _____

Alternate Contact Number: _____

Street Address: _____

City: _____

Province: _____

Country: _____

Please tell us what kind of volunteer opportunities are you interested in?

Kindly submit a completed form to volunteers@sickkidsfoundation.com.

By submitting this form, you agree to receive emails consisting of volunteer opportunities with SickKids Foundation and related information.

