## 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.

Contact Information						
First Name	Initial	Last Name	Da	(Please note date of birth if participant is under the age of 18)		
Home Address   Preferred			Employer:			
Address			Address			
City/Province/Postal Code			City/Province/Postal Code			
•			•			
Email			Email			
Home Phone	Other Phone		Work Phone	Other Phone		
How are you connected	to Threads of	Life?	Reasons for volunteering	ng? (Check all that apply)		
☐ I'm a Threads of Life Family Member			☐ To support those affected by workplace tragedy			
☐ Through a friend or relative			☐ To raise awareness of Threads of Life			
☐ Through a presentation			☐ Academic credit			
☐ Through work			☐ To fundraise for Threads of Life			
☐ Through an event			☐ To gain experience/skills			
Other			☐ To share my experience/skills			
		(	☐ Other			
Volunteer Position Intere	est (Check all tha	t apply)				
FOR THREADS OF LIFE		FOR STEPS FOR LIFE EVENTS				
☐ Speakers Bureau*	Walk Comm	unity -	Day of Event Support:			
☐ Volunteer Family Guide*			<ul><li>Set-up and Tear Down</li></ul>	☐ Barbecue/Food Service		
☐ Trade Show Representative	Note: Community event info at	dates, locations and	<ul><li>Parking</li></ul>	<ul><li>Photographer</li></ul>		
☐ Administrative Support			<ul><li>Registration Stations</li></ul>	<ul> <li>Media Coordinator</li> </ul>		
*Volunteer positions open to family members only.	Pre-Event:		<ul> <li>Financial Accountability</li> <li>Volunteers</li> </ul>	☐ Route Marshaling		
	☐ Become a member of a		Event Greeters	<ul><li>Clean-Up Crew</li><li>Assemble Walker Packages</li></ul>		
	communi committe	ty planning e	○ VIP Liaison	☐ Children's Area		



## THREADS OF LIFE - VOLUNTEER APPLICATION FORM - PAGE 2

Other Volunteer Experience									
	Orş	ganization	Years			Activity			
Recent									
Other									
Other									
		-		I					
Skills/Experience (Check all that apply)									
Commo	Public Relations	<ul><li>Event Planning</li><li>Leadership</li><li>Public Speaking</li><li>Facilitation/Training</li></ul>	□ S □ F	Management ocial Media undraising 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	ip	Phone # 1		Phone # 2					
Disclair	mer and Signat	ure							
I certify that the above information provided is truthful.									
Applicant Signature: Date									

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

