



Canadian Network for International Surgery

Volunteer Application Form

#105-1985 W. Broadway, Vancouver, V6J 4Y3 Ph: (604) 739-4708 www.cnis.ca

Name: _____

Address: _____ / _____ / _____
Prov Post Code

Telephone: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Availability: Days _____ Hours _____ Length of commitment: _____

Interests:

- Office assistant
- Event co-ordination/assistant
- Graphic design & PR
- IT Web design, Flash Animation
- Scientific/medical/internet research
- Other _____

Educational Background:

Employment Background:

Skills:

Reason for Volunteering:

Agreement:

I, _____ agree as a volunteer for the CNIS to fulfill my duties

as _____

Volunteer Signature: _____

Date: _____ / _____ / _____
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