# Volunteer Information Sheet CUPE 4207

 Contact Information

Name:

Address:

Department:

Phone (1):

Phone (2):

E-mail:

## Interests

We need people to help out with the following jobs and committees. Please indicate your area(s) of interest.

\_\_\_\_\_ Calling members

\_\_\_\_\_ Administration committee

\_\_\_\_\_ Finance Committee

\_\_\_\_\_ Communications Committee

\_\_\_\_\_ Picket Captain

\_\_\_\_\_ Equity Committee (eg. Accommodation & First Aid)

\_\_\_\_\_ Transportation

Do you drive? Yes | No

Do you have the use of a vehicle? Yes | No

## Hours / Days Available / Accommodation

Please indicate which days/times you are available, or if you require accommodation.

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| --- |
|  |

## Comments / Suggestions

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 *\*The information that you share on this form is strictly confidential*