



Volunteer Information Form

Calgary Chapter – Canadian Celiac Association

Date: _____, 2006

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Daytime Phone: _____ Home Phone: _____

E-mail: _____ Fax: _____

Areas of interest: (check as many as you are interested in):

Special Events:

- Annual General Meeting (April 22)
- SAIT Fundraiser Dinner (June 21)
- Stampede Breakfast (July 8)
- Kids Camp (August, Cochrane)
- Cycling for Celiacs (August)
- Celiac Awareness Month (October)
- Casino (Fall of 2006)
- Christmas Potluck Dinner (Dec)
- Trade Shows (several throughout the year)
- Regional Conference (bi-annually
– Oct. 2006, 2008, etc.)
- Calgary Chapter Walk** (May 2007)

Ongoing Chapter Activities:

- Office Help (Tues, Wed. Thurs.)
- Newsletter Mail-out (4 x /year)
- Anti-Panic/Celi-Yak Meetings
- Kids Counseling
- Peer Counseling (new members)
- Education
- Community Awareness
- Board of Directors (meets monthly,
minimum 2 year term)
- Fundraising
- Telephone Committee
- Other: _____

Availability:

- Monthly
- Weekly
- Special Events
- Week days (our office hours are: Tues. – Thurs. 9 a.m. – 3 p.m.)
- Week nights
- Weekends
- I am under 18 years of age.

I have been a member of the CCA for ___ less than 1 year ___ 1–5 years ___ more than 5 years
Do you have any particular areas of interest? Special skills or previous volunteer experience?

Thank You! We look forward to your assistance and will contact you soon. Please return this form at your earliest convenience by Fax to: 403-269-9626 OR mail to: Calgary Chapter, Canadian Celiac Association 4112 – 4th St. NW Calgary, AB T2K 1A2 Phone: 403-237-0304 Email: calgaryceliac@telus.net