



Volunteer Information Form

Calgary Chapter – Canadian Celiac Association

Name: _____ Date: _____

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)
- Celiac Awareness Month (May)
- SAIT Gourmet Dinner (spring and/or fall)
- Stampede Breakfast (July)
- Kids Camp (July or August)
- Cycling for Celiacs (August)
- Kids' Christmas Party (Dec.)
- Casino (2011)
- Trade Shows (several throughout the year)
- Regional or National Conference

Ongoing Chapter Activities:

- Office Help
- Newsletter Mail-out (4 x /year)
- Anti-Panic/Celi-Yak Meetings
- Kids / Teen Events or Counselling
- Peer Counselling (new members)
- Fundraising
- Board of Directors (meets monthly, minimum 2 year term)
- Restaurant Education
- Other: _____

Availability:

- Monthly Week days
- Weekly Week nights
- Special Events 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 a particular area of interest? Special skills, education 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 Revised 01/10