



# Candlelighters Simcoe

Parents of Children with Cancer

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## CANDLELIGHTERS SIMCOE PARENTS OF CHILDREN WITH CANCER VOLUNTEER REGISTRATION FORM

NAME:	
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DATE OF BIRTH	DAY:	MONTH:	YEAR
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MAILING ADDRESS:	
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CITY:	PROVINCE:	POSTAL CODE:
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TELEPHONE (HOME):	( )	TELEPHONE (CELL):	( )
EMAIL:		DATE ENROLLED:	

POLICE CHECK & VULNERABLE SECTOR SCREENING (if over 18) COMPLETED:	YES	NO
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INTERESTED IN VOLUNTEERING FOR (CHECK ALL THAT APPLY):	YES	NO	UNDECIDED
MONTHLY MEETING (ART THERAPY)			
WEEKLY ART THERAPY			
FUNDRAISING EVENTS			
CHRISTMAS PROGRAM			
CHRISTMAS PARTY			
HOSTING A THIRD-PARTY FUNDRAISER			
OTHER/AS NEEDED			

I give permission for Candlelighters Simcoe to use photos of myself that have been taken at Candlelighters events for display (only) at workshops, fundraising events, newsletters and website and social media platforms.

SIGNATURE:		DATE:	
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