



Association des Festivités Culturelles des Caraïbes
 Caribbean Cultural Festivities Association
 CP Vendome P.O Box. 23055
 5038 Sherbrooke St. W.
 Montréal, (Que) H4A 1T0
 1-855-258-6787 ext. 205
 volunteers@carifesta.com

Volunteer Application Form

Name: _____
first
initial
last

Work #: _____ Email: _____

Number of Hours Available to Volunteer Each Month:

- 1-5
- 5-10
- 10-15

CCFA seeks to match our skilled and diverse volunteers with appropriate volunteer opportunities. Please take a moment to tell us about yourself so we can better understand your experiences, skills and interests.

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

List Your Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Why do you want to serve as a volunteer? How do you hope to benefit?

List the Qualifications and Skills that you bring to the Association:

Signature of Applicant

Date