

Volunteer Questionnaire

THANK YOU FOR VOLUNTEERING. PLEASE TAKE A MOMENT TO FILL OUT THIS QUESTIONNAIRE.

ALL INFORMATION IS USED BY THE FRAGILE X RESEARCH FOUNDATION OF CANADA ONLY AND WILL NOT BE SHARED WITH ANY THIRD PARTY.



FRAGILE X RESEARCH
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PERSONAL DATA

First name: _____ Last name: _____

Address: _____ Apt. or suite #: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Work or Cell phone: _____

E-mail: _____

Best time to contact: _____

Current Occupation (optional): _____

Type of student (if applicable): ☐ High School ☐ Post Secondary

Name of School: _____

A PARENTAL /OR GUARDIAN SIGNATURE IS REQUIRED FOR VOLUNTEERS UNDER THE AGE OF 18.

Name: _____ Signature: _____

EDUCATION AND SKILLS

English: ☐ Written ☐ Spoken French: ☐ Written ☐ Spoken

Other language: _____ ☐ Written ☐ Spoken

Skills, Hobbies, Interests: _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

☐ Days ☐ Evening ☐ Weekend ☐ Flexible ☐ Occasionally Other: _____

AREAS OF INTEREST PLEASE (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations (e.g., Press Relations) |
| <input type="checkbox"/> New diagnosed parent contact | <input type="checkbox"/> Conference assistance |
| <input type="checkbox"/> Website maintenance | <input type="checkbox"/> Provincial support / outreach |
| <input type="checkbox"/> Newsletter Mailing | <input type="checkbox"/> National Fragile X Day |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Annual picnic | |

FXRFC INFO:

DATE:

A NATIONAL NONPROFIT, TAX-EXEMPT, PRIVATE, ORGANIZATION ADMINISTERED
BY VOLUNTEER PROFESSIONALS AND PARENTS OF CHILDREN WITH FRAGILE X SYNDROME

CHARITABLE REGISTRATION NUMBER: 88643 3762 RR0001