

SWN Advisory & Committee

Volunteer Application Form

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| Name: |
| Address: |
| Phone: | Email: |
| Stollery Children’s Hospital or Foundation Involvement: |
| Role you are applying for: |
| Bio and/or resume (300 words)\*Please submit resume if available. |

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| **KNOWLEDGE, SKILLS & ABILITIES** |
|  Community Leadership/Influence |
|  Ability to Juggle a Million Tasks at Once (Mom Skills!) |
|  Board Leadership |
|  Communications |
|  Fundraising |
|  Governance Experience |
|  Human Resources |
|  Marketing / Public Relations |
|  Political Expertise |
|  Other (Specify) |

**(Check those that apply)**

**Why are you passionate about the Stollery?**

\_\_\_Yes, I give my express consent to receive emails from the Stollery Children’s Hospital Foundation and its affiliates.