Text

Description automatically generated

SWN Advisory & Committee

Volunteer Application Form

|  |  |
| --- | --- |
| 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. | |

|  |
| --- |
| **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.