



Thyroid Cancer Canada
Cancer de la thyroïde Canada

INFORM. SUPPORT. EMPOWER.

Volunteer Form

Join Thyroid Cancer Canada. Play an Active or Supportive Role.

Name:

Organization Name (if applicable):

Address (Number and Street):

Apt., Unit, P.O. Box #:

City:

Prov:

Postal Code:

Home or Business Tel #:

Cell #:

E-Mail:

Here's how you can help:

TCC Ambassador:

As an ambassador, you can be the local champion to policy and decision-makers to help create positive change. You can create activities to raise awareness and financial support for a great cause. All you need is enthusiasm and great ideas. Then ask for volunteers to join your team and let your organizational skills yield results.

TCC Volunteer:

If you love to help, we would love your support. There are always events going on and if you have spare time and then let us know. We can really make a difference together. No experience necessary.

Health Care Provider Member:

Cancer is an ongoing disease state. As a health care provider member, your services and donation of expertise is always welcome. Look out for local events and just let us know that you are available. We will contact you to lean on your experience and expertise.

Thyroid Cancer Patient Member:

Thank you for being the heart and soul of our organization. We are always looking forward to providing support nationally and locally. Please keep checking back for new events and activities. Share your story. It could make an enormous difference to

someone like yourself. If you know of someone who is searching, please provide this resource to them.

Family or Friend Supporter:

You are there when they need you. Thank you for being there emotionally, physically and looking for ways to provide the best information and resources for your loved ones. Your contribution of whatever size is so appreciated to keep our charity running. Please keep checking back for new events and activities.

You can be a Volunteer and a Member: (check one, or one from each column)

Volunteer

- ☐ TCC Ambassador
☐ TCC Volunteer

Member

- ☐ TCC Health Care Provider Member
☐ TCC Thyroid Cancer Patient Member
☐ TCC Family or Friend Supporter

LIST ANY PREVIOUS AND/OR CURRENT VOLUNTEER EXPERIENCE: (optional)

1. Organization:

Position/Responsibility:

From:

To:

2. Organization:

Position/Responsibility:

From:

To:

OTHER QUALIFICATIONS: (optional, list or describe other qualifications that may be relevant)

REFERENCES: (please provide a couple of references)

Name:

Phone #:

E-mail:

Name:

Phone #:

E-mail:

Name:

Phone #:

E-mail:

Signature

Date

SUBMISSION OPTIONS:

Mail: Thyroid Cancer Canada
308 Main Street, First Floor,
Toronto, ON M4C 4X7 Canada
Fax: 416 487 0601
Email: info@thyroidcancercanada.org

Submissions are accepted by mail, fax or scanned documents by email.



INFORM. SUPPORT. EMPOWER.