



SickKids Foundation - New Volunteer Intake Form

This form is to register you as a volunteer with SickKids Foundation. If you are looking to volunteer with the Sick Kids Hospital, [please visit the Hospital's website](#).

First Name: _____ Last Name: _____

Maiden Name(s)/Past Name(s) used: _____

Are you applying as a youth volunteer or an adult volunteer? Please check any one:

Youth Volunteer (14 – 17 years): _____ Adult Volunteer (17 and up): _____

Email: _____

Primary Contact Number: _____

Alternate Contact Number: _____

Street Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Please tell us what kind of volunteer opportunities are you interested in with the Foundation?

Kindly submit a completed form to volunteers@sickkidsfoundation.com.

By submitting this form, you agree to receive emails consisting of volunteer opportunities with SickKids Foundation and related information.

