

**Volunteer services  
NOMINATION FORM**

Date :	
Last name :	First name :
Address :	
Postal Code :	
Email address :	
Phone number: (home)	cell :
(work)	
Spoken languages : French <input type="checkbox"/> English <input type="checkbox"/> other :	
Best time to reach you :	

Do you currently volunteer or have volunteered in the past?  
 Yes  No

Why would you like to volunteer for the Military family resource center?

What are your availabilities for volunteering?

	AM	et/ou	PM
Monday	<input type="checkbox"/>		<input type="checkbox"/>
Tuesday	<input type="checkbox"/>		<input type="checkbox"/>
Wednesday	<input type="checkbox"/>		<input type="checkbox"/>
Thursday	<input type="checkbox"/>		<input type="checkbox"/>
Friday	<input type="checkbox"/>		<input type="checkbox"/>
Weekends	<input type="checkbox"/>		

Please note that this form will be used to contact you and to open you volunteer file and does not act as a formal contract.

Signature : \_\_\_\_\_ date : \_\_\_\_\_