



High River District Health Care Foundation General Volunteer Application

Thank you for your interest in volunteering with our health care Foundation. Opportunities include committees, Director roles on the Board and support for our fundraising campaigns. Our goal is to make it a rewarding experience for you, so we'll work together to find the right ways you can support our mission.

Please download this form and email a completed copy to wendy.kennelly@highriverhealthfoundation.ca or call 403.652.0129.

Name:	[Redacted]		
Address:	[Redacted]		
Phone: Home-	[Redacted]	Work-	[Redacted]
Cell-	[Redacted]		[Redacted]
Email:	[Redacted]		
Resume attached? Voluntary	Yes	No	

Please describe some of your life experience that will contribute to your role as a volunteer for our organization:

Please describe why local health care is important to you and why you want to support our organization:

Please describe your beliefs about health care:

What kind of time commitment for volunteering fits for you (eg. 1 hour a month) ?

Thank you for your interest in The High River Health Care Foundation.
All applicants will receive a response.