

VOLUNTEER ADVOCATE PROFILE

TODAY'S DATE: _____

You can become a Bridges Of Hope Advocate for your place of employment, church, sports league, club, home group, or business associates. We will equip you with direction and guidelines, promotional materials, brochures, project proposals and other written literature. Please complete this Advocate Profile and return to the B.O.H. office. Thank you.

PERSONAL INFORMATION: (please print)

Name: (Mr. Mrs. Ms. Miss) _____
(Circle one please)

Date of birth: _____
(day/month/year)

Permanent Address: _____
(street address)

_____ (city) _____ (province) _____ (postal code)

Temporary Address: (if applicable: from _____ to _____)
(month/year) (month/year)

_____ (street address)

_____ (city) _____ (province) _____ (postal code)

Daytime Phone: (____) _____ Cell Phone: (____) _____

Evening Phone: (____) _____ Fax: (____) _____

Email Address: _____

EDUCATION: (please check all that apply to you)

enrolled in grade _____ completed Grade 12

College certificate/diploma in _____

University under graduate degree in _____

University – Masters in _____

University- PhD in _____

Other _____

Presently enrolled at _____ in _____

Primary Language: _____

I am also fluent in: _____

EMPLOYMENT EXPERIENCE:

Present Occupation: _____

Past Employment History: _____

VOLUNTEER EXPERIENCE: (please include type of work you did and length of time you participated)

Travel Experience:

Have you ever been overseas and/or been exposed to the needs of impoverished people? Please explain.

CIDA (Canadian International Development Agency) Experience:

Have you ever worked with CIDA? Please explain.

HOW WOULD YOU LIKE TO BE INVOLVED?

(Please check the appropriate boxes)

- make one-to-one presentations to family and friends
- make presentations about Bridges Of Hope in small groups, schools, businesses, churches, etc.
- distribute brochures and posters
- organize fundraising activities
- host Bridges Of Hope speakers
- office help
- other: _____

HOW MUCH TIME WOULD YOU LIKE TO INVEST ON BEHALF OF THE POOR?

(Please check the appropriate box)

- 1 – 2 hrs. per month
- 2 – 4 hrs. per month
- 4 – 8 hrs. per month
- more than 8 hours per month

REFERENCES:

Please list three references, at least one of which has knowledge of your participation as a volunteer.

1) Reference's Name: _____

Phone Number: _____ Email: _____

Relationship to Advocate: _____

2) Reference's Name: _____

Phone Number: _____ Email: _____

Relationship to Advocate: _____

3) Reference's Name: _____

Phone Number: _____ Email: _____

Relationship to Advocate: _____