



Canadian Iranian Foundation

CIF Volunteer Application Form

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Date of birth: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Other Phone: _____

Volunteer Experience:

Skills/Interests:

Preferred role as volunteer:

Languages:

I have been a member of CIF since:

I am interested in becoming a member of CIF:
Yes _____ No _____