



CPB Volunteer Registration Form

Name of Volunteer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone No.: _____ Business Phone No.: _____

Cell Phone No.: _____ Email Address: _____

Name of Company/Organization/School: _____

Position at Company/Organization or Grade at School: _____

Referred by: _____

Previous Volunteer Experience: _____

I'm available on weekdays (9 am to 5 pm) weeknights (6 pm to 10 pm) weekends & holidays.

I would like to volunteer at

<input type="checkbox"/> Healthy Living Expo	<input type="checkbox"/> Mississauga Chinese Arts Festival
<input type="checkbox"/> Badminton Tournament	<input type="checkbox"/> Phoenix Ball
<input type="checkbox"/> Networking Dinners	<input type="checkbox"/> administrative work at CPB Office

I agree to perform any volunteer duties that CPB may assign to me.

Signature of Volunteer

Date

*** Please email or fax this Registration Form to CPB Office at cpb@cpbmississauga.com or 905-828-6100. ***

For CPB Office Use Only:

Received by: _____ Date: _____

Remarks: _____