



Michael Cuccione
FOUNDATION

Michael Cuccione Foundation EVENT VOLUNTEER REGISTRATION

Please complete the following information (please print clearly):

Name (First/Last): _____

Street: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Home Phone: _____

Email: _____ Work Phone: _____

Employer: _____ Occupation: _____

Have you volunteered with the Foundation before? Yes No

If yes, what event & year: _____

Please check the specific event you are interested in volunteering at:

Annual Dinner & Dance Golf Tournament No Preference

Independent Event Skate-For-A-Cure

Please list any other volunteer experience you may have (organization name & dates):

How did you hear about the Michael Cuccione Foundation? _____

Please note any additional information we should know here: _____

Please provide 2 references:

Name _____ Phone _____ Occupation _____

Name _____ Phone _____ Occupation _____

Thank you for your interest in volunteering! By submitting an application you are not automatically registered as a volunteer. We will contact you as a need arises.

Please return to:

Michael Cuccione Foundation
P.O. Box 31081, 8-2929 St. Johns Street
Port Moody, BC Canada V3H 4T4

Email: gloria@ChildhoodCancerResearch.org
Phone: 604-552-2850
Fax: 604-552-2856