



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 Skate-For-A-Cure
 Independent Event I have no preference

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: cuccione@telus.net
Phone: 604-552-2850**