
VOLUNTEER IDENTIFICATION / FICHE DE BENEVOLE

FIRST CONTACT/ PREMIER CONTACT: _____

NAME / NOM: _____

ADDRESS / ADRESSE: _____

POSTAL CODE: _____ **TELEPHONE:** _____
CODE POSTAL **TÉLÉPHONE**

DATE OF BIRTH: _____ **LANGUAGE SPOKEN:** _____
DATE DE NAISSANCE **LANGUE PARLÉE**

SERVICES OFFERED:
SERVICE OFFERTS: _____

AVAILABILITY/DISPONIBILITÉ: _____

COMMENTS / COMENTAIRES: _____

REFERED BY / RÉFÉRÉ PAR: _____