



Ambassador Application

PRIMARY CONTACT INFORMATION			
Primary Contact:			
Address:			
City:	Province:	Postal Code:	
Phone:		Email:	
Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of Variety Village? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AMBASSADOR APPLICANT			
First Name:		Last Name:	
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed	
ADDITIONAL INFORMATION			
Do you have any allergies or is there any medical information you wish to disclose?			
Any accommodations required? If yes, please specify.			
Please tell us why you want to become a Variety Ambassador!			

PLEASE SUBMIT FORM TO:	OFFICE USE ONLY
Smeeta Sohanlal Volunteer Coordinator (416) 699 7167 x239 ssohanlal@varietyontario.ca	Date submitted:
	Approval: