

# Volunteer Opportunities for 2010

*Caring and committed individuals are needed.* Your Chapter holds over 20 fundraisers each year, and they cannot be successful without the help of volunteers. Our activities vary from year to year, and are primarily project-oriented rather than on-going. To make the best use of our volunteer time, we'd like you to identify what you would be willing to help with. *Regardless of the amount or type of help given, your help is both needed and appreciated.*

**Please check off the fundraisers which you are most interested in helping.**

- French Fling: a wine-tasting experience (locating sponsors and auction items, ticket taking, processing payments)
- Evening at the Citadel (especially collecting auction items before the event)
- Golf tournaments (monitoring for holes-in-one, putting contests, etc.)
- Motorcycle Ride (especially registration on event day)
- Walks (eg. Great Strides) and runs (eg. Original Joe's Run for the Lung)
- CFar: Cystic Fibrosis Amazing Race (locating sponsors, registration, etc.)
- CF Spectacular: Dinner Theatre at the Mayfield
- Wrapping Christmas gifts at a mall
- Hosting a home party for products with fundraising plans (eg. PartyLite, Tupperware)
- New event which you would help plan .....
- Other . . . ..

**Please check off all roles or tasks below which we could call on you to assist.**

Advising or governing

- Serving on a committee (Any particular event?)
  - .....
- Serving on board of directors

Assisting at/with a specific event

- Planning
- Soliciting items for silent or public auction (high need)**
- Locating sponsors**
- Setting up and/or cleaning up
- Registration table
- Which event(s) .....

Selling tickets for:

- Citadel evening
- Grey Cup Raffle
- Hockey draft
- Other assorted raffles

Office & clerical

- Working with spreadsheets, doing data entry, etc.
- Stuffing envelopes, doing mailouts
- Making deliveries, doing pickups
- Providing a truck for hauling large items to a couple of events

Public Speaking

- At a fundraising event
- To media

**Name of Volunteer** .....

(Please make an additional copy for other volunteers in the family.)

**Thank you so much for your help. Together we make a difference for everyone living with Cystic Fibrosis.**



**Canadian Cystic  
Fibrosis Foundation**

**Edmonton & Northern Alberta  
Chapter**

## **2010 Membership Application**

The Mission of the Canadian Cystic Fibrosis Foundation (CCFF) is to help people with cystic fibrosis. To this end, the Foundation funds research directed towards improved control for CF and ultimately for the cure, supports high quality care, promotes public awareness of the disease, and raises and allocates funds for these purposes.

The Edmonton and Northern Alberta CF Chapter supports this mission by:

- Raising funds at the community level
- Providing \$250,000 to researchers and the CF treatment clinic at the University Hospital
- Offering great volunteer opportunities
- Promoting local public awareness
- Providing a forum for individuals, families & volunteers to come together & help one another

As a member of the CCFF/ Edmonton and Northern Alberta Chapter you can:

- Help achieve these goals (***Please complete the Volunteer Opportunities form.***)
- Help give direction to the chapter at a local level
- Help give direction to the foundation at a National level
- Make your views known to the Board of Directors to help achieve our goals
- Provide leadership / assistance / knowledge to serve the Chapter
- Attend the Annual General Meeting each March to elect the Board of Directors
- Receive a subscription to the Edmonton newsletter – The Connection

Membership fees: \$20.00 per household from February 1 – January 31 (CF fiscal year)

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ RES # \_\_\_\_\_ FAX # \_\_\_\_\_

**Newsletter mailout:**     E-MAIL: \_\_\_\_\_                       Canada Post  
(Address will be used for distributing newsletters. Will not be shared with the national foundation office.)

1 <sup>ST</sup> Adult member	2 <sup>nd</sup> Adult member	Children	Birth Date
name: _____	name: _____	name: _____	age: _____
bus # _____	bus # _____	name: _____	age: _____
cell # _____	cell # _____	name: _____	age: _____

**Enclosed is my/our \$20.00 membership fee:** \_\_\_\_\_ New or \_\_\_\_\_ Renewal

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Cheque     | Card # _____  |
| <input type="checkbox"/> Visa       | Expiry Date _____ Validation code (last three digits on back of card) _____ |
| <input type="checkbox"/> MasterCard | Enclosed is my membership of . . . . . \$ 20.00                             |
|                                     | Enclosed is my (tax deductible) donation of \$ _____                        |

TOTAL enclosed \$ \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this form and payment to:**

Canadian Cystic Fibrosis Foundation  
Edmonton & Northern Alberta Chapter  
7814 - 83 Street NW, Edmonton, AB T6C 2Y8