

# Volunteer Application Form



Oakridge Golf Club  
Thursday, June 11, 2009

I am interested in helping with the following: (please check as many as you like)

<p>Registration 8:30 a.m. — 12:30 p.m. 3 volunteers required</p>	<input type="checkbox"/>
<p>Course Games 12:00 p.m. — 5:00 p.m. 2 volunteers per hole required 6 holes</p>	<input type="checkbox"/>
<p>Putting Contest 12:00 p.m. — 5:00 p.m. 2 volunteers required</p>	<input type="checkbox"/>
<p>Silent Auction 4:00 p.m. — 8:30 p.m. 2 volunteers required</p>	<input type="checkbox"/>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone : \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Light refreshments will be provided.

**Please Fax to : Epilepsy Durham Region (905) 571 0995**

850 King Street West, Unit 20, Oshawa, ON L1J 8N5  
www.epilepsydurham.com