

Volunteer Registration Form

The Family Support Centre and the NSSS count on the help of volunteers to deliver our many programs and to keep the office running smoothly. We hope you will be interested in participating. We offer training and support for many of the volunteer opportunities below and where needed, you will be supported by a seasoned family volunteer.

Many thanks for giving this your attention!

Name: _____

Phone: _____ **Email address:** _____

I wish to help by volunteering in the following capacity:

- | | |
|---|---|
| <input type="checkbox"/> Family to Family teacher | <input type="checkbox"/> Distributing leaflets/posters |
| <input type="checkbox"/> Outreach Team (speaker/presenter) | <input type="checkbox"/> Telephoning members and donors |
| <input type="checkbox"/> Partnership (schools) | <input type="checkbox"/> Table host (for Circle of Strength fundraiser) |
| <input type="checkbox"/> Service clubs, churches, etc. | <input type="checkbox"/> Car driver |
| <input type="checkbox"/> Days <input type="checkbox"/> Evenings | <input type="checkbox"/> Office help |
| <input type="checkbox"/> Fundraising Team | <input type="checkbox"/> <i>Notepad</i> newsletter mail-out |
| <input type="checkbox"/> Family Support Team (Peer support) | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Events Team (events organizing) | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Events, participation | <input type="checkbox"/> Video production |
| <input type="checkbox"/> West Van/North Van parades | <input type="checkbox"/> Computer/technical |
| <input type="checkbox"/> Exhibits and displays | <input type="checkbox"/> Carpentry/repair |
| <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Catering/baking |
| <input type="checkbox"/> Advocacy Team | |
- Other? If you'd like to contribute in other ways because of your specific skills, please let us know _____

Please return to your Family-to-Family teachers or to the North Shore Schizophrenia Society by fax (604-926-0856), scan and email (info@northshoreschizophrenia.org), mail to #205 - 1865 Marine Drive, West Vancouver BC V7V 1J7, or drop off in person.

