WALK TO
MAKE CYSTIC FIBROSIS HISTORY

Cystic Fibrosis Canada
Fibrose kystique Canada

Volunteer Check In
Date: _____

VOLUNTEER NAME (FIRST & LAST)	VOLUNTEER PHONE NUMBER (Cell phone)	VOLUNTEER EMAIL	ARRIVAL TIME AND INITIAL	DEPARTURE TIME AND INITIAL	IF VOLUNTEER DID NOT FILL IN THE VOLUNTEER FORM & POLICIES ONLINE - REQUEST THEM TO FILL IN THIS SECTION.			
					Are you under 17?	Are you 18+	EMERGENCY CONTACT NAME AND PHONE NUMBER	VOLUNTEER POLICIES VOLUNTEER SIGNATURE (or parent guardian)
								Page _____ of _____