



Tuberous Sclerosis Canada Sclérose Tubéreuse

VOLUNTEER APPLICATION

I am submitting this application to serve as follows: (check one)

_____ Provincial Representative _____ Board of Directors

PERSONAL INFORMATION

Name	
Address	
City, Province, Postal Code	
Primary Phone	
Secondary Phone	
Email address	
Place of Employment	
Position	

SPECIAL SKILLS

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COMMUNITY INVOLVEMENT

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PERSONAL OR PROFESSIONAL REFERENCES

Mailing address:

Tuberous Sclerosis Canada
PO Box 35057 Essa Road RO
Barrie, ON L4N 5Z2

Website:

www.tscanada.ca

Email & Social Media:

TSCanadaST@gmail.com

www.facebook.com/TSCanadaST

TS Canada ST is a wholly voluntary, non-profit, charitable organization dedicated to the principles of raising public awareness of tuberous sclerosis complex, encouraging mutual support between families with affected members and promoting research and education.

Name	Contact Information

COMMITTEES OF INTEREST
(check all that apply)

Parent & family support	
Fund Development/Grant writing	
Governance	
Public Relations	
Outreach	
Science, medical, clinic contact	

Please write a brief summary of why you are interested in volunteering with TS Canada ST

Please explain how you can contribute to the TSCST mission - *TS Canada ST is a voluntary, non-profit, charitable organization dedicated to the principles of raising public awareness of tuberous sclerosis complex, encouraging mutual support between individuals with TSC and their families, and promoting research and education.*

Please provide qualifications you possess which would enable you to volunteer for TS Canada ST. Include experience, education, etc.

Please add any additional information that you believe would be helpful to the current Board of Directors. Attach Curriculum Vitae/Resume.