



ILFO

Institute of Leadership for Women of Ontario
 Institut de Leadership des Femmes de l'Ontario

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Name	
Phone #	
Address Postal code	
Email	

Please State your availability below:

Starting Date:

End Date:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Please check off all areas of interest you might like to be involved in:

<input type="checkbox"/>	Care Giving	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Food Positions
<input type="checkbox"/>	Translation	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Visiting/Accompanying
<input type="checkbox"/>	IT/ Computer	<input type="checkbox"/>	Trades/Handyperson	<input type="checkbox"/>	Health Care/Support

Other-----