

Submit

## Volunteer registration with CCHA

Please complete information below to register as a volunteer.
First name *
Last name *
Province * - Select - ▼
Email *
Phone
Area of interest *
□ Public speaking/presenting
□ Social media
☐ Translation
☐ Marketing/advertising
☐ Fundraising
☐ Writing - creative/journalism/document
☐ Graphic design
☐ Light Canada red for CHD Awareness
□ Finance
☐ Organizing events
□ Other
Area of interest Other
Select all that apply
Skills you bring *
Availability - None - ▼
Availability Other
Additional information