



Association
des Familles
de Personnes
Assassinées
ou Disparues

La force de l'**entraide** !

APPLICATION FORM VOLUNTEER

Name :

First Name :

Address :

Postal Code :

City :

Province :

Phone :

Fax :

E-mail :

I would like to participate in following activities / I have competences and interest in following:

<input type="checkbox"/> Psychological support	<input type="checkbox"/> Accompaniment	<input type="checkbox"/> Juridical information
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Transport / carpool	<input type="checkbox"/> Evidence
<input type="checkbox"/> Page setting	<input type="checkbox"/> Correction of texts	<input type="checkbox"/> Translation

Other :

Thank You!

Post the form to :

AFPAD, 6540, Beaubien East Street, suite 300D, Montréal (Québec) H1M 1A9