



## Manitoba FASD Coalition Volunteer Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School (if applicable):** \_\_\_\_\_

Please provide a short paragraph telling us why you are interested in volunteering for the Manitoba FASD Coalition:

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Please return your completed form by email to [coordinator@fasdcoalition.ca](mailto:coordinator@fasdcoalition.ca).

Question regarding this volunteer position may be address to Kim Wozniak, MFCI Executive Assistant, [coordinator@fasdcoalition.ca](mailto:coordinator@fasdcoalition.ca).