



Canadian Disaster Child Care Society

Workshop Application

Name: (please print) _____

Address: _____

Phone Number: (Res) _____ (Bus) _____

Email Address: _____

Dates Of Workshop: _____

Location of Workshop: _____

ESS sponsored volunteer: (yes) _____ (No) _____

Emergency contact Person: Name: _____

Address: _____

Phone Number: _____

Special Health or Dietary Needs: _____

I wish to attend this workshop because:

Please return this application with your registration fee to: