



# REQUEST FORM

*Please print this form and complete on a separate sheet or email requested information:*

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

**Address & Postal Code:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Name of Non-Profit Charity/Organization:**

\_\_\_\_\_

\_\_\_\_\_

**Number of Volunteers:** \_\_\_\_\_

**Send to: Care Unlimited Program**

3000 Steeles Avenue East, Suite 300

Markham, Ontario

L3R4T9

Attn: Volunteer Program Request

**Or email to:** [Hero\\_ID@careunlimited.ca](mailto:Hero_ID@careunlimited.ca)

**Or fax back to:** 416.410.2177

**Further information:** Call 416.410.2188