



Roots of Empathy
Racines de l'empathie

VOLUNTEER FAMILY APPLICATION OF INTEREST

Thank you for your interest in Roots of Empathy. Please complete the following form and the Roots of Empathy Coordinator will contact you shortly to discuss the program and answer any questions you may have.

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Baby's Name: _____ Baby's Birthdate or Due Date: _____

In case of emergency please contact:

Name: _____ Phone Number: _____

YWCA Cambridge respects your privacy, and adheres to all legislative requirements with respect to privacy protection. We do not rent, sell or trade our mailing lists. The information you provide will be used to manage, develop and enhance YWCA operation, programs and services and to communicate with you about YWCA programs, services and special events.

How did you learn about Roots of Empathy?

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Cambridge | <input type="checkbox"/> YWCA Cambridge Website |
| <input type="checkbox"/> Volunteer Action Centre of KW | <input type="checkbox"/> Roots of Empathy Website |
| <input type="checkbox"/> Cambridge Activities Guide | <input type="checkbox"/> Article or story in the news |
| <input type="checkbox"/> Friend or Family member | <input type="checkbox"/> Midwife or Doctor |
| <input type="checkbox"/> I have attended a YWCA program or event in the past | <input type="checkbox"/> Other: _____
(please specify) |

Please mail/email/fax/drop off completed applications to:

Sharon Burzotta, Roots of Empathy Coordinator
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(P) 519.267.6444 (F) 519.267.6440



A TURNING POINT
FOR WOMEN

Roots of Empathy in Waterloo Region is coordinated by YWCA Cambridge