



Volunteer Application

Application Date _____
Volunteer Position Sought _____
Name _____
Home Address _____
Work Phone _____ Home Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:
Position/Title _____
Dates of Employment (starting, ending) _____
Company/Employer _____
Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement?
No Yes

SKILLS & EXPERIENCE

Special training, skills, hobbies _____
Groups, clubs, organizational memberships _____
Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in the field of disabilities?

What do you want to gain from this volunteer experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Central Alberta FASD Society that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause immediate rejection as an applicant for a volunteer position with the Central Alberta FASD Society.

Signature _____ Date _____