

Volunteer Application

Name: _____
Home Address: _____
Home Phone: _____ **Work Phone:** _____
Email: _____

Volunteer Position Sought:

- Events (includes set-up and tear-down) Administration Program Workshops
 Other: _____

AVAILABILITY	Mornings	Afternoons	Evenings
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time are you able to dedicate to volunteering?

Hours per week: _____
 Hours per month: _____
 Other: _____

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?

- Yes No

SKILLS & EXPERIENCE

Such as: special training, skills, hobbies, groups, clubs, and 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.

All volunteers are screened by way of Police Record Check and Child Intervention Record Check. Are you okay with that? Yes No

Do you have a driver's license? Yes No

Do you have vehicle insurance? Yes No

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

****Please include a copy of your current resume.***

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 cause immediate rejection as an applicant for a volunteer position with the Central Alberta FASD Society.

Signature: _____

Date: _____