



## Volunteer Package



## Volunteer Application Package

### Contact Information

Name: \_\_\_\_\_

Address & Box #: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### References

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Interests

Tell us which areas you are interested in volunteering:

Board of Directors

General Labour

Children's Services

Welcome Service

Deployment Support

Fundraising

Special Events

Translation/Interpreter

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies/illnesses that we should be aware of? Yes No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Special Skills / Volunteer Experience

Summarize any *special skills and qualifications* you have acquired from previous volunteer work, employment, or through other activities, including hobbies or sports.

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Languages

Circle if spoken:      English      French      Other (list all that apply)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle which one applies to you:

Military member

Military spouse

Civilian

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date

**Please email a completed copy of this application to [info@wainwrightmfr.ca](mailto:info@wainwrightmfr.ca)**

For office use only:

Alberta Services Intervention Record Check  
Central Alberta Child and Family Services  
Suite 30, Provincial Building, 810 14<sup>th</sup> Ave Wainwright, AB

Release Results of Vulnerable Sectors Check  
Wainwright RCMP  
826 – 3<sup>rd</sup> Ave Wainwright, AB

Security Awareness Training

Authorization & Release Form