



VOLUNTEER APPLICATION FORM

General Information

First and Last Name	Age Group (please check) <input type="checkbox"/> 16-18 <input type="checkbox"/> 19-54 <input type="checkbox"/> 55+	
Address	City	Postal Code
Home Phone	Business Phone	
Cell Phone	Email Address	

Areas Of Interest *(please check all that apply)*

<input type="checkbox"/> Prayer Partner <input type="checkbox"/> Gardening <input type="checkbox"/> Spring/Fall Work Bee <input type="checkbox"/> Committee Work <input type="checkbox"/> Handyman Services <input type="checkbox"/> Office Assistance <input type="checkbox"/> Poster Distribution <input type="checkbox"/> Fund Raising <input type="checkbox"/> Community Relations <input type="checkbox"/> Building Project Planning <input type="checkbox"/> Board of Directors <input type="checkbox"/> Special Events <i>(Please indicate specific role desired)</i> _____ _____ _____

Availability

Days of the week available (please check) <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	Hours Available (please specify) <input type="checkbox"/> Mornings _____ <input type="checkbox"/> Afternoons _____ <input type="checkbox"/> Evenings _____
Time Commitment <i>(Please indicate how many hours you are available per shift, week, month, so that we can assign tasks accordingly)</i> . _____ _____ _____ _____	

Emergency Contact

First and Last Name	Relationship to you	
Address	City	Postal Code
Home Phone	Business Phone	
Cell Phone	This individual is aware that I have listed him/her as my emergency contact <input type="checkbox"/> Yes	

How Did you Hear About Our Volunteer Program (please check)

<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Visit to Shalom	<input type="checkbox"/> Information Booth	<input type="checkbox"/> Internet/website
<input type="checkbox"/> Other volunteer	<input type="checkbox"/> School	<input type="checkbox"/> Poster/brochure /flyer	<input type="checkbox"/> Church
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Volunteer Central	<input type="checkbox"/> Other: _____

Authorization for collection of personal information:

I authorize Shalom Counselling Centre of Alberta to collect personal information appropriate to the volunteer opportunities I have applied for concerning my academic background and employment history, and to verify the character references I have supplied (as applicable). Shalom Counselling Centre adheres to the *Protection of Privacy Act* and the *Freedom of Information and Protection of Privacy Act*.

I understand that:

A Criminal Record Check and vulnerable sector check is required for potential volunteers who are applying for volunteer opportunities that are considered to have, or potentially have, interaction or contact with children, youth and other vulnerable groups. Volunteer placement is made on the basis of the program requirements, the skills, and experience of the applicant and, when appropriate, successful reference, criminal and vulnerable sector checks.

Signature

Date