



Volunteer Application Form

General Information

Name: _____

Address: _____

City/Town: _____ Postal Code: _____ Email: _____

Phone: *Home:* _____ *Work:* _____ *Cell:* _____

Emergency Contact: _____ Phone: _____

Experience and Background

To better understand your skills and personal interests, please provide the following information:

Volunteer Experience(s): _____

Work Experience: _____

Education and Training: _____

Languages Spoken: _____

Additional Skills/Interests/Hobbies: _____

Availability

Let us know when you are available to volunteer. Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual
AM						
PM						

Placement Preference

In order to assist us in matching you with the best available volunteer position, please indicate which type of volunteer work you prefer. Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Office (Faxing, photocopying, etc.) | <input type="checkbox"/> Program Volunteer (Assist with activities, socialize, etc.) | <input type="checkbox"/> Social Media (Assist with increasing online presence, promotions, etc.) |
| <input type="checkbox"/> Special Events (casino, silent auctions, bingos etc.) | <input type="checkbox"/> Leadership (Committee member, board member, etc.) | <input type="checkbox"/> Entertainment (art therapy, playing the piano, etc.) |
| <input type="checkbox"/> Fundraising (Assist with planning fundraising events, grant writing, etc.) | | |

Volunteer Program

How did you hear about our Volunteer Program?

What are your goals as a volunteer?

- | | | |
|--|---|---|
| <input type="checkbox"/> Build confidence | <input type="checkbox"/> Meet people | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Increase my employability | <input type="checkbox"/> Learn new skills | _____ |

References

Please provide two personal or work related references that can be contacted.

1. Name _____
Daytime Phone _____
Relationship to you _____
Length of time known _____
2. Name _____
Daytime Phone _____
Relationship to you _____
Length of time known _____

Privacy Policy

ElderCare Edmonton will only use the above collected information for volunteer placements only. All information will be kept confidential.

I hereby give permission to ElderCare Edmonton to obtain any information regarding my previous employment, education and/or volunteer background.

Signature: _____ Date: _____

Thank you for your interest in volunteering with ElderCare Edmonton!