

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protect by FOIP. It will be used to determine whether an applicant is qualified for appointment to a volunteer position with Strathcona County. If you have any questions about the collection and use of the information, contact the Coordinator, Community and Social Development at 780-464-4044.

Name _____ Date _____

Address _____
Postal Code _____

Telephone _____
Daytime Evening

Email _____

Please indicate the volunteer position/program you are applying for **or** your general area of interest.

What age category would you like to work with?

- children 0 – 10 years youth 11 – 18 years adults 19 – 64 seniors 65+
 not applicable

Please tell us what interests you about this position.

Please tell us about your education/training.

Related experience (either volunteer or employment).

Family and Community Services General Volunteer – Application

Please tell us about your skills, hobbies and/or interests

Check the days/times you are available for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the length of time commitment you are comfortable making (Example: 1 day, long term etc.)

How did you hear about our volunteer opportunities?

Please provide the names of three references (at least one of these must be a “professional” reference).

1. Name _____ Phone _____
Length of time known _____ Relationship _____
2. Name _____ Phone _____
Length of time known _____ Relationship _____
3. Name _____ Phone _____
Length of time known _____ Relationship _____

Note: Criminal records check and child welfare check may be required.

Additional comments

I certify that the information I have provided in this application is true and complete. I understand and agree that false information may disqualify me from this volunteer opportunity with Strathcona County.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under 18)

Date