

VOLUNTEER APPLICATION - GENERAL

Personal Information

Name _____ Date _____

Address _____ City _____ Postcode _____

Phone (home) _____ (work) _____ (cell) _____

Fax # _____ e-mail _____

Occupation _____ Are you 18 years old or older? Yes No

Emergency contact _____

Name

Relationship

Phone number(s)

PLACEMENT INFORMATION

How did you find out about volunteer opportunities with the YWCA? _____

Have you ever volunteered or worked for the YWCA Edmonton? _____ If yes, what department(s), position(s), and year(s)? _____

Days and times available to volunteer _____

Why are you interested in volunteering with the YWCA Edmonton? _____

I am interested in volunteering in the following areas (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Physical set-up and take-down of displays or other items |
| <input type="checkbox"/> Board or Committees | <input type="checkbox"/> Computer technical or programming support |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Individuals with special needs |
| <input type="checkbox"/> Graphic design and layout | <input type="checkbox"/> Outdoor recreation or education |
| <input type="checkbox"/> Mail-out campaigns | <input type="checkbox"/> Public awareness/education displays or presentations |
| <input type="checkbox"/> Pick-up or deliver items | <input type="checkbox"/> Public relations, marketing, communication |
| <input type="checkbox"/> Research, write or edit articles | <input type="checkbox"/> Knit or crochet for people in need |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Work directly with program clientele |
| <input type="checkbox"/> Other (specify) _____ | |

Special skills or needs to share with us: First aid CPR Computer skills Vehicle for pickups/deliveries Inability to lift heavy objects Fluent signing Food allergy Speak another language (specify) _____
Other skills/training (specify) _____

VOLUNTEER EXPERIENCE:

Where _____
 Contact person _____
 When _____
 Phone no.(s) _____
 Your responsibilities _____

Where _____
 Contact person _____
 When _____
 Phone no.(s) _____
 Your responsibilities _____

EMPLOYMENT HISTORY

Company name _____
 Position held _____
 When _____
 Contact person _____
 Phone no.(s) _____

Company name _____
 Position held _____
 When _____
 Contact person _____
 Phone no.(s) _____

REFERENCES (3 REQUIRED)

Name _____
 Phone no.(s) _____
 Address _____
 City _____ Pcode _____
 personal professional family member

Name _____
 Phone no.(s) _____
 Address _____
 City _____ Pcode _____
 personal professional family member

Name _____
 Phone no.(s) _____
 Address _____
 City _____ Pcode _____
 personal professional family member

Name _____
 Phone no.(s) _____
 Address _____
 City _____ Pcode _____
 personal professional family member

I hereby certify that all information included in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after hiring.

I give permission for YWCA Edmonton to contact the people listed above and release YWCA Edmonton and all others from liability in connection with same. I am aware that completing this application does not necessarily mean acceptance into the YWCA Volunteer Services Program.

As part of the screening process, I may be asked to complete a police record check and/or a child welfare record check.

If I am under the age of eighteen (18) or a dependant adult, my parent or legal guardian must also sign and date this application form.

 Applicant's Signature

 Parent's / Legal Guardian's Signature

 Date

 Date