

VOLUNTEER APPLICATION - SPECIAL PROJECTS

Name _____
 Address _____
 City _____ Province _____ PCode _____
 Phone (res.) _____ (bus.) _____ (cell) _____
 Fax _____ E-mail _____
 Occupation _____ Are you at least 18 years old? Yes No

In case of emergency, please contact:

Name	Relationship	Phone number(s)
Have you volunteered or worked for the Edmonton YWCA? _____ If yes, when? _____		
What position(s) did you hold? _____		
Why are you interested in volunteering with the YWCA Edmonton? _____		

Special skills or needs to share with us: first aid CPR computer skills food allergy
 Vehicle for pickups/deliveries Inability to lift heavy objects other _____

Position applied for _____ Start date(s): _____

I certify that all information in this application form is true and complete. I understand that providing false information is grounds for immediate disqualification from the application process, or immediate dismissal if the falsehood is discovered after hiring.

I sign this document indicating that I understand and agree that all information gained during my volunteer work with YWCA Edmonton, with respect to participants, clients, donors, staff, contractors, volunteers and YWCA operations, is to be held completely confidential and private, both during and after my volunteer placement with the YWCA. I understand that this is a condition of placement, and agree to abide to this condition.

I acknowledge that YWCA Edmonton may use, reproduce or distribute any photographs, slides, video or other similar material associated with the Volunteer Services Program and related events and activities for archival and promotional purposes. There is no time limit to this consent; however, the consent can be revoked at anytime with written notice to the Manager of YWCA Volunteer Services. Audio and visual recordings will be securely stored at the YWCA.

I consent to receiving invitations, newsletters and other mailings from YWCA Edmonton.

Applicant's Signature _____

Parent's / Legal Guardian's Signature _____
(If under 18 or dependant adult)

Date _____

Date _____