

Complete all sections of this form, print and return by mail, email or in person to your nearest Volunteer Resources department.

Please note three references will be required and the list brought to the interview.

Volunteer Information							
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	Name (<i>last, first</i>)					
<input type="checkbox"/> Ms		Mailing Address				City/Town	
Province	Postal Code	E-mail					
Home Phone			Work Phone			Cell Phone	
Preferred method of contact				Type of Registration		<input type="checkbox"/> Adult (<i>18 years or older</i>) <input type="checkbox"/> Youth	
<input type="checkbox"/> Employed		<input type="checkbox"/> Retired		<input type="checkbox"/> High School Student			
<input type="checkbox"/> Unemployed (<i>seeking employment</i>)		<input type="checkbox"/> Post Secondary Student		<input type="checkbox"/> Jr. High School Student			
Are you a Canadian Citizen or permanent resident?					<input type="checkbox"/> Yes <input type="checkbox"/> No, complete ▶		Are you legally entitled to work in Canada?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be receiving academic credits for your volunteer work?			Required number of hours			Date to be completed by	
<input type="checkbox"/> Yes, complete ▶ <input type="checkbox"/> No						(yyyy-Mon-dd)	
Indicate the community and site in which you would like to volunteer							
List the types of volunteer activities that interest you							

Volunteer Experience							
Organization	Responsibilities					From (yy-mm)	To (yy-mm)
Employment History							
Employer Name	Responsibilities					From (yy-mm)	To (yy-mm)
Please indicate (✓) your availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Indicate the length of volunteer commitment in which you are interested? (*i.e. months, year*)

Indicate the skills and experience you have to offer (*check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Interpretive Visitation |
| <input type="checkbox"/> Cash Handling Experience | First language spoken _____ |
| <input type="checkbox"/> Clerical | Second language spoken _____ |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Musical Ability |
| <input type="checkbox"/> Experience with children | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Experience with the elderly | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Fundraising Experience | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Health Care (<i>specify</i>) _____ | |

Indicate your main reason for volunteering (*check all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic credit | <input type="checkbox"/> Help others | <input type="checkbox"/> Share a skill or talent |
| <input type="checkbox"/> Church/religious requirement | <input type="checkbox"/> Increase self-confidence | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Employment experience | <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Stay active and involved |
| <input type="checkbox"/> Enhance health care system | <input type="checkbox"/> Practice English skills | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> Explore careers in health care | | |

Please provide any further information that you would like us to consider when determining your volunteer placement. Please include information regarding any specific disability, (*including physical or intellectual problems*), or health concerns that may affect your volunteering.

Authorization and Acknowledgement

I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be immediately revoked by Alberta Health Services at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.

I authorize the Volunteer Resources Department of Alberta Health Services to contact individuals or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer.

Signature	Date (<i>yyyy-Mon-dd</i>)
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The personal information collected by this application form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used and disclosed by AHS for verifying the statements in this application and for determining an appropriate placement as a volunteer.

If you have any questions about AHS' privacy policies and practices, please contact Information and Privacy at 1-877-476-9874. You may also write to Information and Privacy at 10301 Southport Lane SW, Calgary, Alberta T2W 1S7 or email us at privacy@albertahealthservices.ca