

## Volunteer Application Form

### General Information

Last Name:		First Name:	
Title:		Gender:	
Address:		Date of Birth (DD/MM/YYYY):	
City: CALGARY	Province: AB	Postal Code	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Preferred contact method: CELL PHONE			
Education:			

### Area of Interest

Please rank your preference of which type of volunteering you would like to perform (1<sup>st</sup> choice, 2<sup>nd</sup> choice etc.)

Note that not all position are available at all times and in all areas

<input type="checkbox"/> English Instruction (ESL)	<input type="checkbox"/> Computer Coaching	<input type="checkbox"/> Organizing events	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Administration	<input type="checkbox"/> Board of Directors	
<input type="checkbox"/> Transporting Seniors	<input type="checkbox"/> Manning Resource Tables	<input type="checkbox"/> Webmaster. Henna application	

### Previous Experience

Have you volunteered before?

If Yes, Where did you volunteer and for how long and describe your volunteer role?

Please tell us what you hope to gain from your experience with us?

What hobbies, skills, special interest or qualities do you have that may be relevant to the volunteer role you are applying for?

### Commitment

Less than 6 month (Project Based)	6 months to 1 year (committee or Board )	Ongoing ( on need basis)	
Other (please explain):			
<input type="checkbox"/> This information will be used for statistical purpose only			

### How did you hear about the volunteer program at F.O.C.U.S on Seniors (Check all that apply)

<input type="checkbox"/> Public event	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Another volunteer	
<input type="checkbox"/> Poster/Flyer	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Other (Specify)			

**References**

Please supply us with the name of two referees

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

\* Applicant under the age of majority (Below 20) years) must have a parent/guardian fill out the following:

I am aware of and support my child/legal dependent's decision to volunteer with the F.O.C.U.S on Seniors.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

By checking this box **I certify that** the information in this form is correct and complete. I give my permission to the F.O.C.U.S on Seniors to obtain, if required, a criminal record check. **I understand that** I will be advised in advance if a criminal record check or other program specific checks may be required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)