



VOLUNTEER APPLICATION FORM

Date: _____ Name: _____

Address: _____

Work # _____ Home # _____ Cell # _____

Emergency Information

Emergency Contact Person: _____

Work # _____ Home # _____ Cell # _____

Personal Information

Do you have any health problems that we should be aware of?

What is your connection to Lac Ste. Anne Foundation, if any?

What are some of your special skills, hobbies and/or interests?

How much time in one week would you like to spend as a volunteer with us?

1 hour 2 hours 3 hours 4 hours 5 hours 6 hours

Sun Mon Tues Wed Thurs Fri Sat

Mornings Afternoons Evenings

Please mark the following activities you would be willing to do.

- | | |
|--|---|
| <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Group activities/games |
| <input type="checkbox"/> Walking/Summer Activities | <input type="checkbox"/> Teas - Serving |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Birthday Party - Serving |
| <input type="checkbox"/> Crafts/Arts | <input type="checkbox"/> Fundraising Activities |
| <input type="checkbox"/> Calling bingo(s) | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Social Visits | <input type="checkbox"/> Other |
| <input type="checkbox"/> Exercises | |

Please list 3 personal references

1. _____

Name Phone

2. _____

Name Phone

3. _____

Name Phone

This information is collected in accordance with Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by Lac Ste. Anne Foundation to operate its business. Personal Information is protected under FOIP.