

Volunteer Application

Complete ALL sections of this form to the best of your knowledge and submit to Volunteer Services.

Date of Application _____	Type of Volunteer Registration <input type="checkbox"/> Client <input type="checkbox"/> Community
---------------------------	--

VOLUNTEER INFORMATION

Name *(last, first)* _____

Mailing Address _____ City/Town _____

Province _____ Postal Code _____ E-mail _____

Home Phone _____ Cell Phone _____

Preferred method of contact _____

How did you hear about our volunteer opportunities? _____

Are you?

- Employed Retired
 Unemployed (seeking employment) Post-secondary student

Why do you want to volunteer at elements? *(please check all that apply)*

- Help others Give back to community
 Social interaction, meet new people Explore careers in health care
 Learn new skills Learn about mental illness
 Stay active and involved Employment experience
 Share a skill or talent Practice English skills
 Support for someone you know Other (specify) _____

Indicate your volunteer interest? *(please check all that apply)*

- Arts and crafts Reception services desk Office/staff support
 Games facilitator-SRS Projects/events support Committee
 LGFG clothing bank Tuck shop

Indicate your availability? *(please check all that apply)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate length of time commitment? *(months / years)* _____

Volunteer Application

VOLUNTEER EXPERIENCE

Organization	Responsibilities	From	To

EMPLOYMENT EXPERIENCE

Employer Name	Responsibilities	From	To

Are you bondable? Yes No

Emergency Contact Name _____ Phone _____

Please provide any other information that will help us in determining your volunteer placement? *(Include any health concerns that may affect your volunteering, special skills, talents or if you were a previous volunteer for Elements)*

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. This information will be used to determine a suitable volunteer position.

I authorize Volunteer Services of elements Calgary Mental Health Centre to contact individuals or organizations I have named on this application to obtain further information that would assist with my volunteer placement or in case of an emergency.

Signature	Date
-----------	------

Thank you for your interest in our Volunteer Program.