**Volunteer Application Form**

**Personal contact Information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability: Time Available:**

**Monday** \_\_\_\_\_\_\_\_\_\_\_\_

**Tuesday** \_\_\_\_\_\_\_\_\_\_\_\_

**Wednesday** \_\_\_\_\_\_\_\_\_\_\_\_

**Thursday** \_\_\_\_\_\_\_\_\_\_\_

**Friday** \_\_\_\_\_\_\_\_\_\_\_\_

**Saturday** \_\_\_\_\_\_\_\_\_\_\_\_

**Sunday** \_\_\_\_\_\_\_\_\_\_\_\_

**Interests: (Please indicate areas and or activities that you are interested in)**

**Special Events Sports & Recreation Professional Presentation**

**Classroom Setting Gardening & Horticulture Board**

**Fundraising Crafts Arts & Culture**

**Nutrition/Cooking Committees Other (please Specify)**

**Special Skills & Abilities: (Examples, First Aid, Fitness training etc)**

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**Work/Volunteer Experience: (Please list current and previous experience)**

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**Education:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**References:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affirmation of Truthful Information:**

**By signing and submitting this volunteer Application, I acknowledge this information is true and accurate. I authorize Leduc LINX Connect Centre to obtain References from individuals listed above.**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items required for volunteer positions: Criminal Record’s Check (from RCMP), Vulnerable Sector Check (from Children’s Services), Oath of Confidentiality, FOIP, Abuse Prevention and Response, Restrictive Procedures, Mandt, and training as per policy or request.