

Volunteer Application -Organizations/Clubs/Groups



Organization/Club/Group Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Phone	

Individual Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home/Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Meals-on-Wheels Driver (weekdays 11:30-12:30) | <input type="checkbox"/> St Paul Youth Council |
| <input type="checkbox"/> Volunteer Income Tax Preparation (February & March) | <input type="checkbox"/> Snow Angels |
| <input type="checkbox"/> Lakeland Family Resource Network (0-6 yrs) | <input type="checkbox"/> Companion Care |
| <input type="checkbox"/> Lakeland Family Resource Network (7-18 yrs) | <input type="checkbox"/> Community Events |

Special Skills – Qualifications - Experience

<p>Wise Why's – Why are you passionate about the cause?</p>	<p>Glad Gifts – What skills/talents can you share?</p>
--	---

Givers Gain – What are you personally seeking to learn or gain?	No-No's – What are you not interested in and/or able to do?
--	--

Contacts for Reference

Name	
Address	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. As of Jan 1, 2019, persons under the voluntary coverage are deemed to be workers of FCSS under the provision of Section 14(5) of the Workers' Compensation Act. The personal information collected by St Paul Regional FCSS is necessary to operate our volunteer program. This collection is authorized by section 33 of the Freedom of Information and Protection of Privacy Act.

Name (printed)	
Signature	
Date	

Security Check

In order to be considered for the position, please sign here if you agree to a Police Security Check.

Signature	
Date of Birth	

Thank you for completing this application form and for your interest in volunteering with us.

FOR OFFICE USE ONLY

Approved:	Date:
Not Approved:	Date:
Reason:	