



Town of Sylvan Lake Volunteer Application Form

Date: _____

Name: _____

Address: _____ Postal Code _____

Phone Number: _____

Email: _____

Do you have a specific volunteer position you are interested in? No Yes (Please specify below)

Are you 18 years or older? Yes No If NO how old are you? _____

Volunteers are required to provide us with a Criminal Records and/or Vulnerable Sector Checks.

If you are unwilling to provide us with a Criminal Record and/or Vulnerable Sector Checks we cannot provide you with an opportunity to volunteer.

I authorize the Town of Sylvan Lake FCSS Volunteer Centre to obtain references from the individuals listed below.

References: (not family or close friends)

_____	_____	_____
NAME	PHONE	RELATIONSHIP
_____	_____	_____
NAME	PHONE	RELATIONSHIP

Parent /Legal Guardian Consent for Those Under 18 years of age.

I am aware of and agree with my child volunteering with the Town of Sylvan Lake. _____
Date

Print Name

Signature

Have you volunteered with the Sylvan Lake Volunteer Centre before? Yes No

If YES, what volunteer opportunity did you take part in?

Special skills/Abilities /Qualifications (first aid, languages spoken, computer skills, certificates, etc..)

Availability: Monday Tuesday Wednesday Thursday Friday Weekends

Time of day: Morning Afternoon Evening Flexible

Duration: + 4 months - 4 months Special Events

Do you have transportation?

Personal Vehicle Bike Taxi Other (i.e. Walk)

Why do you want to volunteer? -

Personal Satisfaction School Program Work experience Try New Things Meet New People
 Other _____

Are there any groups/organizations or types of work you do not want to be involved with? Yes No
If YES, note here:

EMERGENCY CONTACT:

Name: _____

Phone number: _____

Name: _____

Phone number: _____

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate.

Signature

Date

- I would like my information on file for future volunteer opportunities.
(You may withdraw at any time, by contacting the Volunteer Centre)
- Consent to release your name and phone number **only** to other organizations that fit your interests.
- Consent to receive email communications from FCSS (You may withdraw at any time, by contacting the Volunteer Centre)

The personal information on this form is collected under the authority of Section 33 (c) of the Freedom of Information & Protection of Privacy (FOIP) Act for the purpose of processing and is protected by the FOIP act. If you have any questions or concerns about the collection and use of this information, please contact the FOIP Coordinator of the Town of Sylvan Lake at 403-887-2141.

Areas of Interest:

- Children
- Youth
- Seniors
- Special Events
- Other

Heather Lelond - Volunteer Centre Coordinator

volunteer@sylvanlake.ca

Ph. (403) 887-1137 ext. 433 Fax: (403) 887-1194

Disclaimer: The Town of Sylvan Lake and Family & Community Support Services (FCSS) Volunteer Centre exercised due diligence in obtaining the information provided. We will not be held liable for the action, information, or damage given or done by any outside agencies or individuals contacted or involved. The information is accurate at the time it is provided.

OFFICE USE ONLY:

Received By:

Date:



To: Royal Canadian Mounted Police

From: Family & Community Support Services

Request:

- Criminal Record Check
- Vulnerable Sectors Check

_____ is interested in volunteering.

NAME

The person chosen to fill the position must undergo a criminal records check and/or vulnerable sectors check.

Evidence of criminal history may be reason to withdraw this volunteer opportunity.

Thank You,

Heather Lelond

FCSS Volunteer Centre Coordinator