



Town of Sylvan Lake
Volunteer Application Form

Date: _____

Name:

Address:

Postal Code: _____ Phone Number:

Email:

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

Volunteers 18 years and older are required to provide us with a current Criminal Records Check and/or Vulnerable Sector Check.

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

Volunteers under the age of 18 years must provide us with two letters of reference, list your references below. References cannot be family or 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:

—

Do you have a specific volunteer position you are interested in? No ____ If Yes please
specify

—

Have you volunteered with the Town of Sylvan Lake WCC Volunteer Centre before?

If yes, what did you do?

Please let us know your previous volunteer experience, if any

Special skills/abilities/qualifications (first aid, languages spoken, computer skills etc....

Availability:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
Weekends

Time of day: ___ Morning ___ Afternoon ___ Evening ___ Flexible

Do you have transportation?

___ Personal Vehicle ___ Bike ___ Taxi ___ Other (walk)

Why do you want to volunteer?

___ Personal Satisfaction ___ School Program ___ Work experience ___ Try New
Things

___ Meet New People ___ Other _____

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 Coordinator)

____ Consent to release your name and phone number *only* to other organizations that fit your interest.

____ Consent to receive email communications from WCC Volunteer Centre Coordinator

The personal information on this form is collected under the authority of Section 33 (c) of the Freedom of Information and 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.

Disclaimer: The Town of Sylvan Lake and Wellness and Community Connections (WCC) Volunteer Center 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.

Sylvan Lake WCC Volunteer Centre Coordinator

volunteer@sylvanlake.ca

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