



BISSELL CENTRE

VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

Email address: _____

Position applying for: _____

Emergency Contact: _____ phone: _____

Alberta Health Care Number: _____ (emergency use only)

Birthdate (optional): ___mo/___dy/___yr

Please list any medical condition(s) or allergies we should be aware of:

Availability (please circle):

Monday Tuesday Wednesday Thursday Friday Weekend

Time(s): _____

Available for: 3 months ___ 6 months ___ 1 year ___ ongoing ___

Are you interested in volunteering for **special events**? ___ Yes ___ No

Educational Background: _____

Transportation: ____ Car ____ Bus ____ Other _____

What **special skills, hobbies, interests** are you willing to share?

Why do you want to volunteer at Bissell Centre?

How did you hear about Bissell Centre's volunteer program?

Employment Background and/or Volunteer History:

From (m/yr)	To (m/yr)	Organization	Title	Main Duties

References:

Please supply the names and phone numbers of **two** individuals we can contact for a reference. If possible, one should be an employer or supervisor.

Name, Title, Organization	Phone Number	Relationship

Please read and sign the following:

I, _____, hereby give permission to Bissell Centre to obtain information regarding my previous employment, education and/or volunteer history. Bissell Centre may contact those individuals listed as a reference. A copy of this authorization shall be as valid as the original. Completion of the application form does not guarantee a volunteer position.

Signature: _____ **Date:** _____

Staff Initials: _____

Date: _____