

**Collection and use of personal information**

Personal information is being collected under the authority of the *Municipal Government Act* (MGA) and the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used to determine whether an applicant is qualified for appointment to a volunteer position with Strathcona County. If you have any questions about the collection and use of your personal information, contact the Manager, Community and Social Development, Strathcona County at 780-464-4044.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Postal Code \_\_\_\_\_Telephone \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Please indicate the volunteer position/program you are applying for **or** your general area of interest.

What age category would you like to work with?

- children 0 – 10 years     youth 11 – 18 years     adults 19 – 64     seniors 65+  
 not applicable

Please tell us what interests you about this position.

Please tell us about your education/training.

Related experience (either volunteer or employment).

# Family and Community Services General Volunteer – Application

Please tell us about your skills, hobbies and/or interests

Check the days/times you are available for volunteering.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the length of time commitment you are comfortable making (Example: 1 day, long term etc.)

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How did you hear about our volunteer opportunities?

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Please provide the names of three references (at least one of these must be a “professional” reference).

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Length of time known \_\_\_\_\_ Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Length of time known \_\_\_\_\_ Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Length of time known \_\_\_\_\_ Relationship \_\_\_\_\_

**Note:** Criminal records check and child welfare check may be required.

Additional comments

I certify that the information I have provided in this application is true and complete. I understand and agree that false information may disqualify me from this volunteer opportunity with Strathcona County.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18)

\_\_\_\_\_  
Date