

Volunteer name _____

Phone number _____ Alternate number _____

Address _____
Street and number City Province Postal code

What activity or program would you like to volunteer for? _____

If you know the position you would like to volunteer for, please note _____

At which facility? Festival Place Smeltzer House Gallery@501

What dates and times are you available to volunteer? _____

Would you prefer contact through email? no yes ► email address _____Would you like to be contacted for other volunteer opportunities? no yesAge over 18 16 to 18 12 to 15 11 and under ► must be accompanied by a responsible adult**Commitment**

I understand that Strathcona County will be providing a volunteer package, list of duties and contact information.

As a volunteer I agree to:

- Follow the list of duties.
- Handle client needs as assigned.
- Represent the County in a friendly, courteous manner when dealing with staff, the public and other volunteers.
- Follow the Strathcona County Occupational Health and Safety policies.

Volunteer – signature_____
Date**Collection and use of personal information**Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for managing and administering the Festival Place/Smeltzer House/Gallery@501 Volunteer program. If you have any questions about the collection, use or disclosure of this information, contact the Manager, Central Services, Recreation, Parks and Culture, Strathcona County at 780-467-2211.