

Strathcona Wilderness Centre, 52535 Range Road 212, Ardrossan, AB  
 Mailing address: 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

Phone 780-922-3939

Volunteer/event name \_\_\_\_\_ Date \_\_\_\_\_

Volunteer position \_\_\_\_\_

Applicant name \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

Address \_\_\_\_\_

Street and number

City

Province

Postal code

Preferred form of contact (email/text/telephone) \_\_\_\_\_

 Age  over 18  12 to 18  11 and under ► must be accompanied by a responsible adult

**Emergency Contact Information**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Please tell us about your education/training/experience (volunteer or employment as it relates to this event/program).

Certifications (i.e. coaching) \_\_\_\_\_

First Aid: \_\_\_\_\_

Other: \_\_\_\_\_

Are you available for the full program/event dates? If not, 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"/>

**Collection and use of personal information**

 Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer the Strathcona Wilderness Centre volunteer program. If you have any questions about the collection, use or disclosure of your personal information, contact Manager, Finance and Business Operations at 780-467-2211.

# Strathcona Wilderness Centre – Volunteer Application

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How did you hear about our volunteer opportunities?

Would you like to be contacted for other volunteer opportunities?  No  Yes

## Commitment

I understand that Strathcona County will be providing a volunteer package and contact information for a County Liaison overseeing the volunteer program.

Note: Criminal records check, vulnerable sector check and/or Driver's abstract (if driving equipment/vehicles) may be required.

### As a volunteer I agree to:

- fulfill my time and duty commitments (including orientation and training, if required);
- represent the County in a friendly, courteous manner when dealing with staff, the public and other volunteers.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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