

Volunteer Application

Contact Information

Name	
Street Address	
City, Province, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	
Contact Preference	<input type="checkbox"/> E-mail <input type="checkbox"/> Telephone

Availability

During which **hours are you available** for volunteer assignments?

Weekday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

How did you hear about us?

Tell us how you heard about our volunteer opportunities at the jube.

- E-mail
- Social Media
- Word of Mouth
- Posters
- Website

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, post-secondary, or through other activities.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. **I understand that by signing below I submit to have a criminal record check conducted.**

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the Alberta Jubilee Auditoria Society to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!