Wheatland Housing Management Body

76 - Second Street
Strathmore, Alberta
T1P 1J8

Telephone - (403) 934 3474
Fax - (403) 934 4329

VOLUNTEER APPLICATION FORM

Name: _____ Mr.☐ Mrs.☐ Miss.☐ Ms. ☐

Mailing Address: _____

City/Prov: _____ Postal Code: _____

Telephone: (H): _____

(B): _____

E-Mail: _____

Birth-date: _____
Month Day Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Phone: (H) _____ (B) _____

EDUCATIONAL BACKGROUND

High School (last grade completed): _____

Post Secondary (please specify): _____

_____

Other Certifications: _____

Relevant Courses/Workshops attended: _____

_____

PREVIOUS VOLUNTEER EXPERIENCE (Use separate sheet if necessary)

Place: _____

Date of Commitment: _____

Assignment/Duties: _____

_____

_____

INTEREST/HOBBIES/ACTIVITIES

_____crafts _____day trips _____ sing-a-longs _____ walks

_____card/board games _____exercises _____art _____calling bingo

Other: _____

_____

_____

REFERENCES

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

✯ I give my permission to contact the above individuals, any previous employer, and supervisors of my volunteer commitments. YES ☐ NO ☐

GENERAL INFORMATION

What type of volunteer work are you interested in? _____

How much time do you feel you have available to volunteer? (i.e. hrs/week)

Why do you want to volunteer at the Wheatland Lodge?

_____

_____

How did you hear about the volunteer opportunities that are available at the Wheatland Lodge?

_____

W.H.M.B. is looking to a six-month commitment for volunteers. Does this meet with your expectations?

YES ☐ NO ☐

Is there any additional information you would like to bring to our attention?

_____

_____

I, _____, agree to provide a Royal Canadian Mounted Police criminal records check, as required by all employees and volunteers of Wheatland Lodge.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____

Date: _____