



Volunteer Application

Please fill out this form and bring it back to the Westlock & District FCSS Office

Date: _____

Contact Information

Name: _____ DOB _____

Address: _____

City: _____ Postal Code: _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Volunteer Information

Please check the area(s) you would be interested in volunteering for?

- DRIVE Program
- Christmas Spirit
- Youth Programs
- Volunteer Income Tax Program
- Meals on Wheels Delivery
- General Events (eg. Parking Lot Party, Family Dances etc.)

Times you would be available to volunteer? Mornings / Afternoons / Evenings / Weekends

Please list any special skills or credentials you may have to offer: _____



Agreements

Information Disclosure:

I, _____ state that I have provided the Westlock & District FCSS Volunteer Program with all information that may affect my ability to volunteer for the program, including (but not limited to any legal conditions may affect my acting as a volunteer).

Signature

Date

Witness Signature

Date

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References

1) Name: _____ Relationship: _____

Telephone: _____

2) Name : _____ Relationship: _____

Telephone: _____

3) Name: _____ Relationship: _____

Telephone: _____

Intervention Record Check? (Children Services) Yes No

Vulnerable Sector Check? (RCMP) Yes No

Comments (office use only):
