



Date: _____

Name: _____ Gender: _____

Address: _____ Postal Code: _____

Phone Number: _____

Email: _____

Do you have a specific volunteer position are you interested in? ☐ No ☐ Yes (Please specify below)

_____ Are

you 18 years or older? ☐ Yes ☐ No If NO how old are you? _____

Volunteers are required to provide us with a Criminal Records and Vulnerable Sector Checks.

We understand that we all have a past. Having a record does not necessarily exclude you from volunteering. Each case will be decided individually based on circumstances.

I authorize the Town of Rocky Mountain House FCSS Volunteer Centre to obtain references from the individuals listed below.

References: (not family or close friends)

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

Parent /Legal Guardian Consent for Those Under 18 years of age.

I am aware of and agree with my child volunteering with the Town of Rocky Mountain House. _____ Date

Print Name

Signature

Have you volunteered with the Rocky Mountain House Volunteer Centre before? ☐ Yes ☐ No

If YES where? _____

Special skills/Abilities /Qualifications (first aid, languages spoken, computer skills, certificates, etc..)

Availability: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekends

Time of day: ☐ Morning ☐ Afternoon ☐ Evening ☐ Flexible

Duration: ☐ + 4 months ☐ – 4 months ☐ Special Events

Do you have transportation?

☐ Personal Vehicle ☐ Bike ☐ Taxi ☐ Other (i.e. Walk)

Why do you want to volunteer?

☐ Personal Satisfaction ☐ School Program ☐ Work experience ☐ Try New Things ☐ Meet New People

☐ Other _____

Are there any groups/organizations or types of work you do not want to be involved with? ☐ Yes ☐ No
If YES please explain:

EMERGENCY CONTACT:

Name: _____

Phone number: _____

Name: _____

Phone number: _____

By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate.

Signature

Date

☐ I would like my information on file for future volunteer opportunities.

(You may withdraw at any time, by contacting the Volunteer Centre)

☐ Consent to release your name and phone number **only** to other organizations that fit your interests.

☐ Consent to receive email communications from FCSS (You may withdraw at any time, by contacting the Volunteer Centre)

The personal information on this form is collected under the authority of Section 33 (c) of the Freedom of Information & Protection of Privacy (FOIP) Act for the purpose of processing and is protected by the FOIP act. If you have any questions or concerns about the collection and use of this information, please contact the FOIP Coordinator of the Town of Rocky Mountain House at 403-845-2866.

Areas of Interest:

- ☐ Children
- ☐ Youth
- ☐ Seniors
- ☐ Special Events
- ☐ Other

Volunteer Centre Coordinator: Rebecca Zezula

Rocky Mountain House FCSS Volunteer Centre

Ph. (403) 845-3720 ext 332 Cell: (403) 895- 2763 fcsscoordinator@rockymtnhouse.com

Disclaimer: The Town of Rocky Mountain House and Family & Community Support Services (FCSS) Volunteer Centre exercised due diligence in obtaining the information provided. We will not be held liable for the action, information, or damage given or done by any outside agencies or individuals contacted or involved. The information is accurate at the time it is provided.

OFFICE USE ONLY:

Received By:

Date:



To: Royal Canadian Mounted Police

From: Family & Community Support Services

Request: Criminal Record & Vulnerable Sector Check

_____ is interested in volunteering.

NAME

Family & Community Support Services is offering this volunteer position.

The person chosen to fill the position must undergo a criminal records check.

Evidence of criminal history may be reason to withdraw this volunteer opportunity.

Thank You,

Rebecca Zezula

FCSS Program Volunteer Centre Coordinator

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