



Boys & Girls Club  
of Airdrie

## VOLUNTEER APPLICATION 2020

### General Information

Name	_____		
Address	_____ _____		
Phone Number	(H) _____	(C) _____	_____
Email	_____		
Are you over the Age of 18 years old	YES	NO	

### Emergency Contact Information

Emergency Name 1	_____		
Emergency Phone	(H) _____	(C) _____	(W) _____
Emergency Name 2	_____		
Emergency Phone	(H) _____	(C) _____	(W) _____

### Education

School	_____
Highest Level Achieved	_____
School	_____
Highest Level Achieved	_____

### Work & Volunteer Experience

Position		Paid Position	YES	NO
Duties				
Position		Paid Position	YES	NO
Duties				
Position		Paid Position	YES	NO
Duties				
Other Related Experience				

### Availability

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Daytime						
After School						
Evening						

How many hours per week are you available for volunteering? \_\_\_\_\_

### Areas of Interest

- |   |   |
|---|---|
| <input type="checkbox"/> Board of Directors               | <input type="checkbox"/> Administrative                                       |
| <input type="checkbox"/> Program Implementation (General) | <input type="checkbox"/> Fundraising  |
| <input type="checkbox"/> 6-8 year Old Programs            | <input type="checkbox"/> Summer   |
| <input type="checkbox"/> 9-12 year Old Programs           | <input type="checkbox"/> Counsellor In Training/Junior Counsellor in Training |
| <input type="checkbox"/> Teen Programs                    | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Special Events                   |   |

### Special Skills

What special skills will you bring to your position? (Artistic talents, sporting abilities, computer skills, etc)

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Certifications

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### Personal Goals

How did you hear about the Boys and Girls Club of Airdrie? \_\_\_\_\_

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What do you wish to accomplish by volunteering with our agency? \_\_\_\_\_

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## References

Name	_____		
Relationship	_____	How long have you known this person?	_____
Phone Number	_____		
Name	_____		
Relationship	_____	How long have you known this person?	_____
Phone Number	_____		

## Privacy and Personal Information *(please read carefully before signing)*

1. Boys and girls Club of Airdrie will not collect, use or disclose your personal information unless you have provided your consent in accordance with the Canadian Freedom of Information and Protection of Privacy Act, or where required by law.
2. The Application form requests information such as your name, address, contact information, demographic information, work history and education, for the purposes of screening, placement and on-going training and supervision. Your personal information is also used for the purposes of: debriefing and support; recognition; requests for additional volunteer roles; reference letters and verbal recommendations; program statistics and evaluation as per funding requirements; mailings of information.
3. Please know that you have the right not to answer a question or to not complete a section of the volunteer application as you so choose; however, please be aware that this may have an impact on our ability to effectively place you as a volunteer.
4. In addition, you have the right at any time to withdraw consent to use your personal information for the purposes of noted above. You must notify the Executive Director at the Boys and Girls Club of Airdrie in order to activate this change. Please allow 14 business days to allow us to update our records accordingly.

I have duly read the above information and give my consent which is provided voluntarily, without coercion or undue influence. I am aware that I may revoke my consent at anytime for all or part of the information for the purposes noted above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_