



VOLUNTEER APPLICATION FORM

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Are you over the age of 18? Yes No Age (if under 18): _____

1. How did you hear about the LDAA-CC volunteer opportunity?

2. Briefly outline why you would like to volunteer for the LDAA-CC?

3. Please list qualifications/experience/skills which you feel would contribute to your participation as a volunteer for the LDAA-CC.

4. Please list your previous volunteer experience.

5. What days and times are you available to volunteer?

6. I can volunteer:
 On a regular basis
 On a call basis
 Only during a particular season
 For events
 Other: _____

7. Do you have a valid Class 4 or Class 5 Driver's License?

Yes

No

Would/could you provide your own transportation for volunteer purposes?

Yes

No

8. Please supply two references other than family members:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

Relationship: _____

Thank you for taking the time to fill out this information!

Signature

Date

Please complete the form and mail it to:

**LDAA-CC
Attn: Volunteer Management
340, 1202 Centre Street SE
Calgary, AB T2G 5A5**

To fax this form, please fax to (403)270-4043