

## Volunteer Application Form

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over the age 18?

Yes  No

How did you hear about the Learning Disabilities Association volunteer opportunity?

Please list qualifications/experience/skills which you feel would contribute to your participation as a volunteer for the Learning Disabilities Association.

Briefly outline why you would like to volunteer at the Learning Disabilities Association.

### Areas of Interest

Office Help   
  Newsletter   
  Mentoring   
  Special Events   
  Casino  
 Fundraising   
  Board of Directors   
  Committee Work  
 Public Relations/Communication   
 Other. Please Specify: \_\_\_\_\_

Please supply two references other than family members.

**Reference 1**

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

Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference 2**

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

Reference: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Time available for volunteer work:

Days:     Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Evenings:  Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

I can volunteer:

On a regular basis  
 On a call basis  
 Only during a particular season: \_\_\_\_\_  
 For a specific event: \_\_\_\_\_

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

Yes  No

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

Yes  No

**Thank you for your support!!**

To send the application via mail or fax, please print out and complete the form and fax to

**(403) 270-4043**, or send to:

**LDAA-CC**

**c/o Director of Resource Development**

**340, 1202 Centre Street SE**

**Calgary, AB T2G 5A5**