



## Volunteer Application

Agassiz-Harrison Community Services (AHCS) is looking for dynamic volunteers to fill the many volunteer opportunities available within our organization. We appreciate and thank you for taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

### Your Contact Info

*Please Print Clearly*

### Today's Date:

Name		Birthday	<small>(Month Day Only)</small>
Street Address			
City		Postal Code	
Home Phone			
Cell Phone			
Email Address			

### Emergency Contact

***Your safety as a volunteer is important to us. We ask all volunteers to provide us with an emergency contact.***

Name	
Phone	
Relationship to You	

### Which of the following volunteer positions do you want to apply for?

*Please check all areas of interest to you*

- |  |  |
|--|--|
| <input type="checkbox"/> Office/Administration<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Family Parenting Place<br><input type="checkbox"/> Truck and Driver for Pickup of Donations<br><input type="checkbox"/> Friendly Phone<br><input type="checkbox"/> Children's Christmas Party<br><input type="checkbox"/> Income Tax Assistance | <input type="checkbox"/> Special Events<br><input type="checkbox"/> Child & Youth Programs<br><input type="checkbox"/> Thrift Store<br><input type="checkbox"/> Food Bank<br><input type="checkbox"/> Christmas Hamper Program<br><input type="checkbox"/> Better At Home Program <small>(drivers abstract may be required)</small><br><input type="checkbox"/> Drive4U Drivers <small>(drivers abstract required)</small> |
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### Please let us know when you are available for volunteer work.

*Please check all that apply*

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							
Weekends							

How often could you spare your time to volunteer with us?

- Once a week  
 Once a month  
 Other: \_\_\_\_\_

**Please mention skills and experiences you find relevant for any of the programs you are interested in volunteering your time.**

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**How did you hear about our volunteer opportunities?**

- Newspaper                       Email                       Advertisement  
 Online Search                       Social Media                       Referral by Friend  
 Other \_\_\_\_\_

**References** – Please list 3 people who know you and can attest to your skills, ability and dependability, include current or previous employer (if applicable).

Name or Organization	How do they know you?	Phone	Length of Relationship

**Criminal Record Check**

AHCS’s mission to provide assistance to those in need and our ability to fulfill this depends on our volunteers. As manpower is required in all areas of our organization we ask our volunteers to consent to a criminal record check through the local RCMP detachment.

- Yes, I consent to a criminal record check                      (Forms are available at the AHCS office.)

Please fill out the attached Consent for Disclosure form and drop off to the local RCMP detachment, there is no charge to you.

**Email Preferences**

To keep our volunteers informed of upcoming events, newsletter and volunteer opportunities by email, however we will not send you any email if you prefer not to receive. Please select your preference below.

- Yes, send me email information                       No, I prefer not to get email information

**Privacy Practice Statement**

*We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade our lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities and seasonal greetings.*