

# Volunteer Registration Form

St. Albert Community Information & Volunteer Center  
 #10, 215 Carnegie Drive, St. Albert, AB T8N 5B1 Phone 459-6666 Fax 460-1365

Last Name:	First Name:	Gender: ___ Male ___ Female
Address:	Postal Code:	Phone: Home _____ Work _____ Ext. _____ e-mail: _____
<b>For statistical Purposes only:</b>		
Age Group: ___ Youth (state age if under 18) ___ Adult ___ Senior		
Current Employment Status: ___ Part Time ___ Full Time ___ Retired ___ Homemaker ___ Student		
WHERE DID YOU HEAR ABOUT US:	REASONS FOR VOLUNTEERING: (Example: Personal Satisfaction, Work Experience, Court Order)	
SPECIFIC TRAINING/COURSES:	SKILLS: (Example: Office/Administration, Promotions)	
PREVIOUS VOLUNTEERING EXPERIENCE:	HOBBIES/SPECIAL INTERESTS:	
HEALTH CONSIDERATIONS: ___ NO ___ YES	TRANSPORTATION: ___ CAR ___ VALID LICENSE	
LANGUAGES (other than English) _____		
TIME AVAILABILITY:		
___ Morning ___ Afternoon ___ Evening _____ Weekdays _____ Weekends		
_____ Hours per week _____ Hours per month		
<b>Please Check Areas of Interest:</b>		
<input type="radio"/> Board of Directors <input type="radio"/> Culture & Crafts (Arts, Heritage, Library, Theater) <input type="radio"/> Children's Services ( Day Care, Creative Play) <input type="radio"/> Driver/Transportation Services <input type="radio"/> Educational (Tutor, ESL) <input type="radio"/> Handy Man/Odd Jobs/Household Help <input type="radio"/> Health Service ( Patient Comfort, Program Assistance)	<input type="radio"/> Health Education (Health Promotion, Outreach) <input type="radio"/> Hospitality (Greeters, Hostesses) <input type="radio"/> Office (Secretarial, Reception, Computers) <input type="radio"/> Sports & Recreation <input type="radio"/> Senior Services ( Drivers, Visitors, Companions) <input type="radio"/> Victim Services & Justice ( Response Teams) <input type="radio"/> Youth Services ( Youth Workers, Mentoring)	
<p><b>AUTHORIZATION FOR REFERRAL:</b> I understand that any information provided by me to the Community Information &amp; Volunteer Center may be shared with referral organizations in order to obtain an appropriate volunteer position. I also understand that CIVC may contact me over the next 6 months to ask questions about my volunteer experience.</p> <p>For youth under the age of 18 wishing to volunteer, please have parent or guardian sign form.</p> <p>Signature _____ Date: _____</p> <p>I agree and understand that completion of this application will allow my child to be referred for volunteer opportunities and any information provided on this form may be shared with potential volunteer organizations.</p> <p>Updated July 2007 Volunteer registration.doc</p>		

