

Emmanuel Home Volunteer Application Form

Please note volunteers must be at least 14 years of age. Return form to Emmanuel Home Volunteer Services volunteer@emmanuelhome.ca or 13429 57 St Edmonton, AB T5A 0T8.

1. Personal Information (please print)

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: Day: () _____ Evening: () _____

Email: _____

2. Emergency Contact

Name: _____ Relationship: _____

Telephone: Day: () _____ Evening: () _____

3. Highest Level of Education

Name of School	Course of Study	Highest Level Completed	Currently Attending
Special Training or Skills Received			

Are you receiving academic credit for your volunteer work? No Yes, Hours Required _____

4. Relevant Work Experience

Employer	Job Title	Experience	From	To

Current Employment Status: Full-time Part-time Student Retired Unemployed

5. Volunteer Experience

Organization	Your Role	From	To	Reason for Leaving

6. Please Indicate Your Availability (example 12:30 to 3:30 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

a) How long of a commitment are you prepared to make? 4 months 8 months 1 year Ongoing

b) How often would you like to volunteer? 1 shift/bi-weekly 1 shift/wk 2-3 shifts/wk Special Event

7. What volunteer opportunity are you interested in? (If interested in multiple, prioritize using 1, 2, 3...)

- | | |
|---|--|
| <input type="radio"/> Visiting One-on-One | <input type="radio"/> Resident Outings |
| <input type="radio"/> Resident Activities | <input type="radio"/> Special Events |
| <input type="radio"/> Pastoral Services | <input type="radio"/> Other |

8. Please indicate the skills and experience you would bring to your volunteer role:

- | | | |
|--|---|---------------------------------------|
| <input type="radio"/> Organizational skills | <input type="radio"/> Experience with seniors | <input type="radio"/> Public speaking |
| <input type="radio"/> Teaching skills | <input type="radio"/> Web site/blogging | <input type="radio"/> Hobbies _____ |
| <input type="radio"/> Languages spoken _____ | | |
| <input type="radio"/> Other interests _____ | | |

9. What are your reasons for volunteering?

- | | | |
|--|--|---|
| <input type="radio"/> for social interaction | <input type="radio"/> to support Emmanuel Home | <input type="radio"/> to learn new skills |
| <input type="radio"/> to share my skills | <input type="radio"/> to stay active | <input type="radio"/> to gain employment skills |
| <input type="radio"/> for academic credit | <input type="radio"/> other _____ | |

10. Please list two references, past or present employers, teachers, volunteer supervisors, etc.

We CANNOT accept family members or personal friends as references.

Name	Relationship	Phone/Email

I hereby authorize Emmanuel Home to contact the above named references to establish my suitability as a volunteer, and I hereby release them and their organization from any liability for any damage for issuing the same. I further authorize the Volunteer Services department to maintain this information in their records and absolve them from liability.

I will also obtain a Volunteer Police Information Check and provide it to Emmanuel Home as part of the volunteer screening process.

Disclaimer: It is the policy of Emmanuel Home to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

Signature of Applicant: _____ Date: _____

Parental Consent (for those under 18 years of age)

I give _____ my consent to work as a volunteer at Emmanuel Home.

Parent's Signature: _____ Date: _____

Sharing Personal Information

- | | | |
|---|---------------------------|--------------------------|
| I authorize Emmanuel Home to publish my name/photo in Emmanuel Home publications | <input type="radio"/> Yes | <input type="radio"/> No |
| My contact information may be shared with Development | <input type="radio"/> Yes | <input type="radio"/> No |
| I give consent to receive emails from Emmanuel Home | <input type="radio"/> Yes | <input type="radio"/> No |

For Office Use Only

Date Received _____ Department _____

Date Interviewed _____ Supervisor: _____

Police Check Completed YES NO Date Received: _____

Additional Information _____