

Complete all sections of this form, print and return by mail, e-mail or in person to your nearest Volunteer Resources department.

Please note two references will be required.

Volunteer Information				
Name <i>(last, first)</i>				
Mailing Address				City/Town
Province	Postal Code	E-mail		
Home Phone	Work Phone	Cell Phone	Preferred method of contact	
Please indicate (✓) your availability				
	Mornings	Afternoons	Evenings	Nights
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List the types of volunteer activities that interest you				
Tell us about yourself				
Tell us about your Volunteer Experience				
Tell us about your Employment History				
Tell us about your Education and Training				
How did you find out about the Volunteer Resources Program? <i>(check one)</i>				
<input type="checkbox"/> Advertising	<input type="checkbox"/> AHS Employee	<input type="checkbox"/> AHS Volunteer Resources	<input type="checkbox"/> AHS Website Recruitment	<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Recruitment/Info Booth	<input type="checkbox"/> Other Volunteer Agency	<input type="checkbox"/> School	<input type="checkbox"/> Social Media
<input type="checkbox"/> Visit in a Facility				

Do you have any specialized skills that you would like to tell us about?

Please indicate you primary are of interest

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Patient Visitation / Support | <input type="checkbox"/> Home Visitation | <input type="checkbox"/> Assist / Support Staff | <input type="checkbox"/> Clinic Support |
| <input type="checkbox"/> Patient / Family Advisor | <input type="checkbox"/> Revenue Generation | <input type="checkbox"/> Faith Community Support | |

Have you applied as a volunteer for other Alberta Health Services sites?

- No Yes ► Which sites? _____

Are you currently an Alberta Health Services employee?

- No Yes ► Specify location/facility _____

Are you retiree from Alberta Health Services?

- No Yes ► Specify end date (yyyy-Mon-dd) _____

In the event that we don't have any volunteer openings, can we share your application with other Alberta Health Services sites?

- No Yes

Parent/Guardian Contact (for Volunteers under 18 years of age)

Parent/Guardian (Last name, first name)

Phone Number

Cell Number

Email

Emergency Contact Information

Name of contact (Last name, first name)

Relationship to volunteer

Phone (work)

Phone (home)

Phone (cell/alternate)

Authorization and Acknowledgement

I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be immediately revoked by Alberta Health Services at its own discretion.

This information will be used to process my eligibility for a suitable volunteer position.

I authorize the Volunteer Resources Department of Alberta Health Services to contact individuals or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer.

Signature

Date (yyyy-Mon-dd)

The personal information collected by this application form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used and disclosed by AHS for verifying the statements in this application and for determining an appropriate placement as a volunteer.

If you have any questions about AHS' privacy policies and practices, please email Volunteer Resources at volunteer_resources@albertahealthservices.ca

Thank you for your interest in our Volunteer Program