



VOLUNTEER APPLICATION FORM

Personal Information:

Full Name:	Date:
Address:	City / Postal Code:
Contact Number:	Work Number:
Email Address:	Birth Date:
Emergency Contact:	Contact Number:
Current Employer:	Occupation:

Do you have a Valid Driver's License?

Do you have Criminal Record for which you have not been granted a pardon for?

Are you able to submit a satisfactory criminal record check/vulnerable sector check?

Education:

What is your highest level of education completed & list any Degrees, Diplomas and/or Training?

Grade School

Certificate/Diploma

Bachelor's Degree

Master's Degree

Other Training

Volunteer Interest(s):

How did you learn about our agency?

What type of volunteering would you like to do?

Day Program Assistance

Fundraising Events

Community Education / Public Awareness

Peer Mentoring

Transporting Clients to Appointments or Community Events

Evening & Weekend Programs

If you are interested in being a Peer Mentor and would like to match with a client, please tell us a bit of what your interests and hobbies are?

As a peer mentor, what amount of time are you willing to commit?

Skills and Abilities:

Do you have any special skills and abilities that you are willing to teach clients?

***Examples:** Crocheting, knitting, carpentry skills, mechanical skills, yoga, horticulture, sculpting, painting, crafting, horsemanship etc.*

Professional References:

The names of two references are required. By listing each reference, you the applicant, hereby grant The Libbie Young Centre Inc. authority to contact those listed in this document to obtain information regarding your suitability to act as a volunteer for the organization.

Full Name:	Occupation:
Address:	City / Town:
Contact Number	Email Address:

Full Name:	Occupation:
Address:	City / Town:
Contact Number	Email Address:

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Address:	City / Town
Contact Number:	Email Address:

Permission and Release

I understand that:

- 1) The references I listed may be contacted by mail, telephone, or email for the purposes of processing my application to become a volunteer in the Libbie Young Centre's programs. I understand these references will be contacted in confidence;
- 2) I am in no way obligated to perform any volunteer services, until notified of my acceptance;
- 3) The information I provided may be used to conduct a background check, including driving records check, social media check, criminal background check, and other records where required by local, provincial, and / or federal law for volunteers working with vulnerable person(s).
- 4) I acknowledge and accept that this application does not guarantee acceptance into the program, and that the Libbie Young Centre is under no obligation to accept or assign me as a Volunteer in their program, and is not obligated to provide a reason;
As part of the enrollment process, the Agency will be asking me to provide additional personal information prior to making any recommendations for assignment;
- 5) If I am matched with a Libbie Young Centre client, I understand and will abide by the program expectations and code of conduct related to my Volunteer position;
- 6) I hereby release and forever discharge the Libbie Young Centre and their employees, directors and Volunteer from any cause or claim for damages, whether bodily injury, death, property damage, or emotional trauma, anxiety or distress arising from my association with the Libbie Young Centre of Lloydminster, Alberta.
- 7) I give permission for the Libbie Young Centre of Lloydminster, Alberta to share any information that I have given them, pertinent to my application to become an active volunteer member of this organization with appropriate staff and the consent of the client match. Further, I agree to allow my file to be viewed by the Agency Reviewers for the Libbie Young Centre, at the time of the Agency review, should it be requested. I further grant the Libbie Young Centre of Lloydminster, Alberta permission to release my name, date of birth, Agency applied to and notice of acceptance, rejection or withdrawal to the Libbie Young Centre and for pertinent facts related to my status to be shared within the movement. I understand that if the Libbie Young Centre should cease operation, my complete file becomes the property of the Libbie Young Centre.

Name of Applicant

Date

Signature of Applicant

Signature of Executive Director
