



Volunteer Application Form

Name: _____

Mailing Address: _____

Town / City: _____ Postal Code: _____

Home Number: _____ Cell Number: _____

Email address: _____

Preferred Communication: Phone Email Text

Birthdate: _____

Occupation: _____

Education: _____

Access to Transportation: Yes No

Emergency Contact

Contact #1 Name: _____ Phone Number: _____

Contact #2 Name: _____ Phone Number: _____

Volunteer or work experience that would help in our organization (or attach resume):

How did you find out about us? _____

Commitment:

How long could you commit to volunteering:

- 6 months
- 1 year

- ongoing
- other (please explain):

I'm Interested in Volunteering in the following areas:

- Tutoring (ESL, Literacy, Computers)
- Fundraising, Grant Writing
- Tech Support, Device Maintenance
- General Office Support, Cleaning
- Virtual Volunteer (Social Media)
- Historical Information, Photos/Document

Availability:

I am available to volunteer (please check/write times in any boxes below that work for your schedule):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Acknowledgment:

Applicants wishing to begin volunteering for Drayton Valley & District Community Learning Association (DVDCLA) are required to read the following statements. By signing this waiver you are confirming that you:

1) Understand the minimum requirements of your volunteer position: I understand and agree to abide by the terms and conditions of my volunteer work with DVDCLA including the Code of Conduct, volunteer policies as well as the procedures and program guidelines.

Volunteer minimum requirements require me to:

- Successfully complete a Police Information Check (if applicable for the position). The cost of this is covered by DVDCLA.
- Review my Position Description
- Attend an Orientation Session
- Meet the minimum age requirement for position
- Attend all mandatory training sessions specific to my volunteer position
- Record my volunteer hours
- Volunteer a minimum of 20 hours per year.

2) Are aware of DVDCLA's Information Policy:

Drayton Valley & District Community Learning Association collects information under the Personal Information Protection Act (PIPA). We collect only relevant information for the purposes of volunteer tracking and emergency contact information. It will be shared with supervisors for the purposes of volunteer placement, orientation, training, supervision, and evaluation of the volunteer. By submitting this form, you consent to the use of the information for reporting purposes. All information collected is securely stored and permanently destroyed according to our policy schedule after it is no longer needed. If you have any questions about the collection, contact the Executive Director. Box 6321, Drayton Valley, AB T7A 1R8. 780-542-3373.

Photograph Consent? Yes No

I grant full permission for DVDCLA to use my name and/or photographs taken of me during my participation in this activity for promotional material if required. (Optional)

Date:

Volunteer's Signature _____

Signature of Parent/Guardian _____
(if applicant is under 18)