



**TOWN OF OKOTOKS
VOLUNTEER SERVICES**

**Application for CULTURAL & HISTORICAL
Volunteer Opportunities**

Personal information collected on this Volunteer Application is protected by the privacy provision of Freedom of Information and Protection of Privacy Act. The information will be used for matching you with a specific volunteer position.

Name: _____
FIRST NAME
LAST NAME

DATE OF BIRTH: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____
Postal Code _____

TELEPHONE: Residence: _____ Cell: _____

Email Address: _____

Person to notify in case of emergency: _____

Relationship to Volunteer: _____ Telephone: _____

Do you have any physical or medical limitations, which could affect your volunteer placement:

If you are fluent in a language other than English and are willing to share this skill, please indicate the language spoken _____.

What are your special skills, hobbies and interests?

List your previous volunteer experience:

What type of volunteer position would you like to have?

How many hours a week are you available to volunteer?

Preferred days: _____ Preferred hours: _____

School Attending: _____

(This is to help us with scheduling on school holidays)

REFERENCES:

Please provide two character references from people who are not family members.

NAME: _____

ADDRESS: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Interviewer: _____ Date: _____

To be completed by parent or guardian if volunteer is under 18 years of age:

Would you like to add anything to this volunteer application?

As part of our screening for young volunteers, we would like to know if your child has ever been in trouble with the law. Yes _____ No _____

I give permission for my child to be involved in the Town of Okotoks Volunteer Services program.

Signature of parent or guardian: _____

OFFICE USE ONLY

CHECK LIST		DATE
Interview Done	<input type="checkbox"/>	
References checked	<input type="checkbox"/>	
Driver liability information	<input type="checkbox"/>	
Orientation attended	<input type="checkbox"/>	

Photograph Consent Form for a Minor

"I hereby consent to the use of and grant to the Town of Okotoks the right to use the following minor's photograph for the purposes of promoting the Town of Okotoks Volunteer Services and any Cultural & Historical program. I grant consent as parent and/or guardian to the following minor pursuant to Section 17 (2)(a) of the Freedom of Information and Protection of Privacy Act. I understand no other personal information about the minor will be released by the Town of Okotoks without my permission."

Minor 's Full Name

Parent/Guardian Surname

Parent /Guardian First Name

Signature of Parent/ Guardian

Date