



95 Falshire Dr. NE  
Calgary AB T3J1P7

ph: 403-293-0424  
fax: 403-293-0027  
www.nefcs.ca

## **VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Education: (please check appropriate boxes) (optional)

☐ Elementary School    ☐ High School    ☐ University    ☐ Other: (please specify below)

\_\_\_\_\_

Please describe any special courses: \_\_\_\_\_

Work Experience (please list nature of work briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies, skills, interests: \_\_\_\_\_

\_\_\_\_\_

Languages Spoken/Written: \_\_\_\_\_

\_\_\_\_\_



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How did you learn about the Volunteer program at the North East Family Connections?

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What do you hope to gain from volunteering with us? \_\_\_\_\_

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What activities would you like to be involved in? \_\_\_\_\_

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Where would you like your talents to be used?

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Administrative                | <input type="checkbox"/> Special Events      | <input type="checkbox"/> Research       | <input type="checkbox"/> Translating |
| <input type="checkbox"/> Maintenance                   | <input type="checkbox"/> Phoning             | <input type="checkbox"/> Toy Cleaning   | <input type="checkbox"/> Cleanup     |
| <input type="checkbox"/> Assisting with Resume Writing | <input type="checkbox"/> Organizing Displays | <input type="checkbox"/> Youth Programs |                                      |
| <input type="checkbox"/> Other (please specify): _____ |  |   |                                      |

Do you have any health problems that would affect the type of volunteer activities you can be involved in (i.e. no lifting, no walking, etc.)?

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When are you available for volunteering?

Weekdays: ☐ Morning ☐ Afternoon ☐ Evening

Weekends: ☐ Morning ☐ Afternoon ☐ Evening

Any additional information you would like us to know? \_\_\_\_\_

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Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: ☐ Friend ☐ Family

Please list one (1) reference from a previous volunteer experience (if possible)

Name: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

North East Family Connections Representative: \_\_\_\_\_