



FCSS VOLUNTEER APPLICATION & PROFILE

APPLICANT INFORMATION		
Name:	Application Date:	
Mailing Address:		
Phone Number:	Cell/Alternate No:	
Email:	18 Years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact:	Phone No.:	Relationship:
Best Time to Contact You:	Preferred Method of Contact:	
Please check how you learned about Volunteer Services at Cold Lake and District FCSS:		
<input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster <input type="checkbox"/> Word of Mouth Other: : _____		
Language Skills:		
Spoken: : _____ Written: : _____		
If you are a person with a disability which may need to be accommodated, please specify:		
<input type="checkbox"/> Limited mobility <input type="checkbox"/> Decreased hearing <input type="checkbox"/> Decreased vision <input type="checkbox"/> Other: _____		
Please check the descriptions that best fit your current status:		
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Student full-time <input type="checkbox"/> Stay-at-home parent <input type="checkbox"/> Retired <input type="checkbox"/> Employed part-time <input type="checkbox"/> Student part-time <input type="checkbox"/> Other:		
VOLUNTEER INTEREST ASSESSMENT		
Describe your main reasons for wanting to volunteer (check all that apply)		
<input type="checkbox"/> Desire to help others <input type="checkbox"/> Interest in community involvement <input type="checkbox"/> Gain experience and develop skills <input type="checkbox"/> Establish work record and build resume <input type="checkbox"/> Meet people and network <input type="checkbox"/> Other: : _____		
Areas of Interest (check all that apply)		
<input type="checkbox"/> Administration (accounting/budgeting, office assistance, cashier/sales, customer service, data entry) <input type="checkbox"/> Arts (art exhibits, music/vocals, crafts, painting/drawing, theatre/dance, graphic art/design) <input type="checkbox"/> Communications/Multimedia (IT support, video production, marketing, writing/editing, public relations) <input type="checkbox"/> Daycare/Day Programs <input type="checkbox"/> Driving <input type="checkbox"/> Education (library/literacy/reading, teaching/instructing/tutoring, mentoring) <input type="checkbox"/> Emergency Services <input type="checkbox"/> Environment and Animals (animals/pets, gardening projects, conservation, environmentalism) <input type="checkbox"/> Events (event support/usher/security, master of ceremonies/hosting, event coordination) <input type="checkbox"/> Health (disability, patient/personal care, hospice/palliative care, rehabilitation, mental health, nutrition/diet) <input type="checkbox"/> Capacity Building (strategic planning; governance, human resources/volunteers, advocacy, fundraising) <input type="checkbox"/> Multicultural/Language <input type="checkbox"/> Recreation and Sports (coaching/officiating/instructing, sport mentor, fitness/wellness, group facilitator) <input type="checkbox"/> Retail and Food (cooking/baking/prep, shopping, retail/sorting clothes and objects, serving meals) <input type="checkbox"/> Social (bingo/table and card games, role model/companion/escort, group leader/host) <input type="checkbox"/> Social Services (abuse/addictions, financial/legal, life skills, seniors/ youth/family, grief) <input type="checkbox"/> Trades/Maintenance/Facilities (trade, warehousing/yard work/handyperson)		

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for use of the City of Cold Lake, and may be shared with volunteer agencies in the community, to match interested volunteers with volunteer opportunities. The information collected is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.



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Are there any specific duties that you would like to participate in as a volunteer? _____

Are there any specific duties that you would NOT like to participate in as a volunteer? _____

Current or past volunteer/employment experience:

Organization Name: _____

Volunteer Role: _____

Organization Name: _____

Volunteer Role: _____

Organization Name: _____

Volunteer Role: _____

Skills, training, certification and/or education you would like to use in your volunteer work:

What is your availability? (check all that apply)

- Once or twice weekly
- Occasionally, as needed
- Once a month
- Projects, one-three months
- Special events
- Other : _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would you prefer: Scheduled work Volunteering on own time

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REFERENCE CHECKS

If deemed necessary by the volunteer position I apply for, I will provide a: Criminal record check Child welfare check

Reference checks will be conducted by Cold Lake and District FCSS to ensure the safety of our clients, staff and volunteers. In addition, the information collected will help to properly place applicants to positions within organizations based on skill, attitudes and behavior. All positions with Cold Lake and District FCSS require reference checks to ensure the highest standards of care are met.

Please provide contact information for two references who know you well and come from a variety of different backgrounds (for example, employers, volunteer coordinators, teachers, friends, family).

Name:	Phone Number:
Title:	Organization:
Relationship to Applicant:	

Name:	Phone Number:
Title:	Organization:
Relationship to Applicant:	

Name:	Phone Number:
Title:	Organization:
Relationship to Applicant:	

I hereby give permission to Cold Lake and District FCSS to contact the above named references in connection with my application for a volunteer position.

Cold Lake and District FCSS Volunteer Services aims to match interested volunteers with possible vacancies within our community. While specific personal information (eg. contact information, references, and criminal record check information) will not be disclosed to any third parties, some general information from this form will be shared when and if applicable to the volunteer opportunity (eg. interests, limitations to duties, languages, availability, skills and training). By signing this form, I am agreeing that I understand and give permission to the City of Cold Lake to disclose my information as described.

I certify that the information in this application is correct and complete. I agree to update this information with FCSS as required. I understand that I may be required to submit additional information for screening purposes.

Signature

Date

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