

To Celebrate National Volunteer Week, Cold Lake and District FCSS would like to help your organization recognize the work of your volunteers. **Please fill out and submit this form to fcss@coldlake.com or fax to (780) 594-1157**

Your organization can apply to receive up to 12 cards (*note there are a limited number of cards available*)

SECTION 1: ORGANIZATION INFORMATION		
Organization Name:		
Contact Person:		
Address:		
Mailing Address (if different from above):		
Website/Facebook Link:		
Phone No.:	Alternate Phone No.:	
SECTION 2: VOLUNTEER INFORMATION		
Number of Volunteers in Organization: _____	Number of Board Members: _____	Number of Cards Requested: _____
SECTION 3: SURVEY		
<p>1. The Organization currently uses FCSS Volunteer Services to support their volunteer program. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please describe:</p> <p><input type="checkbox"/> Free Meeting Space <input type="checkbox"/> Volunteer Appreciation</p> <p><input type="checkbox"/> Training <input type="checkbox"/> Other (<i>describe</i>): _____</p>		
<p>2. The following FCSS Volunteer Service(s) are most relevant to the Organization's volunteer program:</p> <p><input type="checkbox"/> Board and Development Engagement</p> <p><input type="checkbox"/> Creating a Volunteer Program</p> <p><input type="checkbox"/> Communicating with the Public and Funders the impact of your volunteer's and organizations' work</p> <p><input type="checkbox"/> Diversity and Inclusion</p> <p><input type="checkbox"/> Financial Stability</p> <p><input type="checkbox"/> Implementing Best Practices in Volunteer Management</p> <p><input type="checkbox"/> Volunteer Engagement</p> <p><input type="checkbox"/> Volunteer Recruitment</p> <p><input type="checkbox"/> Volunteer Recognition and Appreciation</p> <p><input type="checkbox"/> Other (<i>describe</i>): _____</p>		
<p>3. The Organization has the tools and knowledge necessary to recruit, train and engage volunteers.</p> <p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Somewhat Agree <input type="checkbox"/> Agree <input type="checkbox"/> Somewhat Disagree <input type="checkbox"/> Strongly Disagree</p>		



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Information on this form is collected for the sole use of the City of Cold Lake and 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. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.