



YMCA Calgary Volunteering

Personal Information

First Name: _____ Last Name: _____

Mr. Mrs. Miss Ms.

Birthdate: _____

Address: _____

Postal Code: _____

Email: _____

Phone Number: _____

What relevant work or volunteer experience do you have?

What relevant education, training and/or certification(s) do you have?

Skills/Interests (Please list any skills, hobbies, knowledge of other languages, interests, which you feel are relevant)

Emergency Contact Name:

Phone:

Areas of Interest

What branch would you like to volunteer at?

- Crowfoot
- Shawnessy
- Saddletowne
- Camp Chief Hector (Exshaw, AB)

- Eau Claire
- South Health Campus
- Association Services
- Community

- Remington
- Quarry Park Child Development
Rocky Ridge

Please review the list of volunteer opportunities listed on our website/information sheet and indicate your choices.

My first choice for volunteer placement: _____

My second choice for volunteer placement: _____

My only interest is special events.

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

*References and applicable certifications must be provided at the interview. A Calgary Police Information Check with Vulnerable Sector Check is required prior to placement.

The above information is correct to the best of my knowledge. I understand the YMCA will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the release of my name and address to the YMCA's Financial Development department to further the YMCA's philanthropic activities. I give my permission for YMCA Calgary to use any photographs, videotaped footage, or audio recordings of myself. I understand that it will be used solely for YMCA Calgary promotional and/or educational use.

Signature _____

Date _____