

VOLUNTEER APPLICATION

Volunteer opportunities vary and your interest and qualifications will be matched with our ongoing needs.

Name: _____ Program/Department: _____

How long can you commit to volunteering: _____.

Hours: _____ To _____ Full time Part Time

M T W Th F

DAY PHONE: _____ EVENING PHONE: _____

ADDRESS: _____ POSTAL CODE: _____

EMAIL: _____ BIRTH DATE: _____

I would like to subscribe to the E4C Envoy newsletter.

Please list any **physical limitations** or **health problems** that would influence your volunteer participation.

1. Have you (ever) volunteered or worked for E4C? If yes, describe below

2. Briefly, describe your volunteer experience.

3. List the skills you have that will be helpful to the programs and services we offer:

4. What skills would you like to develop as a volunteer?

5. List your hobbies/interests:

6. List any special certifications that you have:

7. Please list three References:

(phone number)

_____	_____
_____	_____
_____	_____

VOLUNTEER'S SIGNATURE _____ DATE _____

Please print name: _____

If under the age of 18 years please have your parents sign below.

PARENT/GUARDIAN'S SIGNATURE _____
DATE _____

Please print name: _____

Thank you very much for your interest in volunteering with E4C.

If you have any questions, comments and/or concerns regarding this program and your role as a volunteer – please contact M. Luiza Coelho, Volunteer Coordinator at 424-7543 ext232 or email mlcoelho@e4calberta.org

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