Volunteer Application

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St. Paul Regional
Family and Community
Support Services

Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home/Cell Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

___ Weekday mornings   ___ Weekend mornings

___ Weekday afternoons   ___ Weekend afternoons

___ Weekday evenings   ___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering:

___ Meals-on-Wheels Driver (weekdays 11:30-12:30)   ___ St Paul Youth Council

___ Volunteer Income Tax Preparation (February & March)   ___ Snow Angels

___ Lakeland Family Resource Network (0-6 yrs)   ___ Companion Care

___ Lakeland Family Resource Network (7-18 yrs)   ___ Community Events

Special Skills – Qualifications - Experience

Wise Why's – Why are you passionate about the cause?	**Glad Gifts** – What skills/talents can you share?
Givers Gain – What are you personally seeking to learn or gain?	**No-No's** – What are you not interested in and/or able to do?

Contacts for Reference

Name	
Address	
Phone	
Name	
Address	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. As of Jan 1, 2019, persons under the voluntary coverage are deemed to be workers of FCSS under the provision of Section 14(5) of the Workers' Compensation Act. The personal information collected by St Paul Regional FCSS is necessary to operate our volunteer program. This collection is authorized by section 33 of the Freedom of Information and Protection of Privacy Act.

Name (printed)	
Signature	
Date	

Security Check

In order to be considered for the position, please sign here if you agree to a Police Security Check.

Signature	
Date of Birth	

Thank you for completing this application form and for your interest in volunteering with us.

FOR OFFICE USE ONLY

Approved:	Date:
Not Approved:	Date:
Reason:	