



Volunteer Application Form

Hours of Operation:

Veiner Centre: Mon, Wed & Fri 9am-4pm | Tues & Thurs 9am – 9pm

Strathcona Centre: Mon to Fri 9am – 4pm | Sat 9am – 1pm

PERSONAL INFORMATION		
Full Name:		
Preferred Name:	Preferred Pronouns(e.g. He/Him, She/Her, They/Them):	
Home Phone:	Date of Birth:	Age:
Address:		Postal Code:
Email Address:		
Referred by:	<input type="checkbox"/> Self <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Word-of-Mouth <input type="checkbox"/> Community Agency <input type="checkbox"/> Veiner Centre Program <input type="checkbox"/> Media <input type="checkbox"/> Website <input type="checkbox"/> Other: _____	
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name:		
Relationship:	Phone #:	
HEALTH INFORMATION (optional, for emergency use only)		
Allergies or Medical Conditions:		
EXPERIENCE		
Please describe your previous relevant volunteer and work experience:		
Please list any hobbies or specific skills you may have that would be useful in volunteering with us:		

AVAILABILITY (check all that apply)			
What days and times are you available to volunteer? (Check all that apply)			
	Morning (9am – 12pm)	Afternoon (12pm – 4pm)	Evening (4pm – 7pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	CENTRES CLOSED		
Do you prefer a regular weekly schedule or occasional shifts?			
<input type="checkbox"/> Regular weekly schedule <input type="checkbox"/> Occasional/as needed <input type="checkbox"/> Either is fine			
When are you available to start volunteering?			
Are there any times of the year you're unavailable (vacations, snowbird season, etc.)?			
DEPARTMENT INTERESTS			
Departments you are interested in volunteering with:			
<input type="checkbox"/> Reception (Veiner/Strathcona) <input type="checkbox"/> Meals on Wheels <input type="checkbox"/> Veiner Vintage Transport <input type="checkbox"/> Bistro			
<input type="checkbox"/> CVITP (Income Tax Program) <input type="checkbox"/> Activity Lead <input type="checkbox"/> Other:			
EMAIL COMMUNICATION CONSENT			
We send volunteers emails about schedules, events, and updates related to their role.			
<input type="checkbox"/> Yes, I consent to receive these emails.			
APPLICANT'S DECLARATION			
I certify that the information provided in this application is accurate. I understand that:			
1. Any false statements may result in the termination of my volunteer placement. 2. A Criminal Record Check is required for all volunteer roles.			
Signature:		Date:	

Please return this completed form by mail, in person, or email to:

Unison at Veiner Centre
225 Woodman Avenue SE
Medicine Hat, AB T1A 3H2
Email: TammyP@UnisonAlberta.com / Phone: 403-525-8657