



# 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:		

<b>AVAILABILITY (check all that apply)</b>			
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.)?			
<b>DEPARTMENT INTERESTS</b>			
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:			
<b>EMAIL COMMUNICATION CONSENT</b>			
We send volunteers emails about schedules, events, and updates related to their role.			
<input type="checkbox"/> Yes, I consent to receive these emails.			
<b>APPLICANT'S DECLARATION</b>			
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](mailto:TammyP@UnisonAlberta.com) / Phone: 403-525-8657