

**VOLUNTEER APPLICATION**  
833-9th St. S.W. High River, AB T1V 1C3 403-652-8600  
Email: [cadmin@westwindscommunities.ca](mailto:cadmin@westwindscommunities.ca)

Volunteer Services requires the following information for the selection of appropriate volunteers and for matching you with a specific volunteer position. (Volunteers must be a minimum of 16 years old)

**PERSONAL DATA**

First Name:		Last Name:	
Address			
Home Phone:		Work Phone:	
		Preferred Name (if different from above)	
E-mail Address:		Cell Phone:	
Language Spoken Other Than English			
In Case of Emergency Contact:			
Name:	Phone:	Cell Phone:	
Name:	Phone:	Cell Phone:	

**VOLUNTEER INFORMATION**

1. What are your Special Skills, Talents, Hobbies and Leisure Activities?	
2. List your previous and present volunteer experience	
3. What type of volunteer opportunities are you interested in?	

**TIME AVAILABLE FOR VOLUNTEERING**

1 -3 Months	<input type="checkbox"/>	3 – 6 Months	<input type="checkbox"/>	6 Months to a Year	<input type="checkbox"/>	No set Time Frame	<input type="checkbox"/>
Preferred Day: (Circle all that apply)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Preferred Hours Per Shift:	Preferred Hours Per Week:	Regular Shifts Per Week	<input type="checkbox"/> Y <input type="checkbox"/> N				
Comments:							

This space is for your convenience to provide any additional information that you would like to bring to our attention:

## REFERENCES

1.	Name:	Contact No.:
	Address:	
	Occupation:	Number of Years Known:
2.	Name:	Contact No.:
	Address:	
	Occupation:	Number of Years Known:
3.	Name:	Contact No.:
	Address:	
	Occupation:	Number of Years Known:

How did you learn about our Volunteer Program?

Media <input type="checkbox"/>	Walk-In <input type="checkbox"/>	Posting <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Other:
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Preferred Volunteer Location:

Medicine Tree Manor, High River <input type="checkbox"/>	High Country Lodge, Black Diamond <input type="checkbox"/>	Sandstone Lodge, Okotoks <input type="checkbox"/>
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### APPLICANT'S DECLARATION – PLEASE READ CAREFULLY AND BE SURE APPLICATION FORM HAS BEEN FILLED OUT CORRECTLY AND COMPLETELY

1. The information given in this application is accurate and complete, and I understand that any misrepresentation or omission may be cause for withdrawal of any volunteer offer.
2. I understand that if engaged as a volunteer, it is conditional upon the successful completion of a successful criminal records check.
3. I understand that Westwinds Communities supports a smoke free environment and I agree to abide by all smoking restrictions.

Signature of Applicant	Date
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**If the applicant is under the age of 18 years:**

I give permission for my child to be involved in the Westwinds Communities Volunteer Program at:			
Medicine Tree Manor, High River <input type="checkbox"/>	High Country Lodge, Black Diamond <input type="checkbox"/>	Sandstone Lodge, Okotoks <input type="checkbox"/>	
Signature of Parent or Guardian:		Date:	
Contact		E-mail address	

### FOR OFFICE USE ONLY

Interview Date:	Indicate References Checked:		
Criminal Records Check Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers Abstract (If Applicable) Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Class:	
Volunteer Interview Summary: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	If denied indicate reason:		
Orientation Package Given: <input type="checkbox"/> Yes <input type="checkbox"/> No	Orientation completed by:		
Placement:	Date of Evaluation 6 month:		
Signature of Recreation Coordinator:			

The information collected in this document is for the sole use of Westwinds Communities for the selection and management of volunteers. Inquiries regarding the collection of information in accordance with the Freedom of Information and Protection of Privacy Act should be directed to: FOIP Coordinator, Westwinds Communities 833 – 9 Street S.W., High River, AB T1V 1E2. Telephone: (403) 652-8600, Fax (403) 652-8608.