

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering and for completing this form. Please print clearly and legibly.

PERSONAL INFORMATION:

<small>First Name</small>	<small>Middle Initial</small>	<small>Last Name</small>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<small>Address</small>		
<input style="width:95%;" type="text"/>		
<small>City</small>	<small>Province/Territory</small>	<small>Postal Code</small>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<small>Home Phone: (area code) number</small>	<small>Business Phone: (area code) number</small>	<small>Cell Phone: (area code) number</small>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<small>E-mail Address Personal</small>		<small>Email Address Work:</small>
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>

Are you over the age of (18) eighteen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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AVAILABILITY:

Please check all that apply

<input type="checkbox"/> Regularly - once/twice a week (or more)	<input type="checkbox"/> Occasionally, as needed	<input type="checkbox"/> Once a month
<input type="checkbox"/> Projects (one to three month)	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other _____

Please indicate all times that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION:

1. Why do you want to volunteer for The Lung Association?

2. Please list your specific area(s) of interest (if any):

3. Please name specific event you wish to volunteer for: (specify name, date & city) if none (N/A)

4. What skills and attributes do you have that you would like to share with The Lung Association?

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5. Have you ever been employed by and/or volunteered with The Lung Association, Alberta & NWT, or any of its affiliates?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	*If YES, please specify where, when, and your position or role:

6. Please list any previous and/or current volunteer activities:

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7. Have you ever been convicted of a criminal offence for which a pardon has NOT been granted?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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8. How did you hear about volunteering for The Lung Association? *(please check all that apply)*

<input type="checkbox"/>	Volunteer Centre	<input type="checkbox"/>	Website	<input type="checkbox"/>	Friend/Relative	<input type="checkbox"/>	Called in to office	<input type="checkbox"/>	Called by someone
<input type="checkbox"/>	Display	<input type="checkbox"/>	Brochure/Poster	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Radio/TV	<input type="checkbox"/>	Lung Association staff
<input type="checkbox"/>	Another Volunteer	<input type="checkbox"/>	Public Event	<input type="checkbox"/>	School	<input type="checkbox"/> Other (please specify) _____			

REFERENCES: (The Lung Association, Alberta & NWT seeks to protect volunteers, employees, and the community through appropriate screening measures. Reference checks are required for all employees and volunteers. Please provide names of two references that we may contact.)

1.) Name: _____
 Telephone Number: _____
 Relationship to Applicant: _____

2.) Name: _____
 Telephone Number: _____
 Relationship to Applicant: _____

By signing below, I certify that the information provided in this application is correct and complete. I give my permission to The Lung Association, Alberta & NWT to contact the above references and to obtain, if required, and a criminal record check. I understand I will be advised in advance if a criminal record check is required. I am aware that I may become privy to private information about the Association or the people for whom it services. I agree to hold this information in confidence and not to discuss it with anyone other than those properly concerned.

Signature: _____ Date: _____

Thank you for taking the time to provide the above information. Upon receipt of this information, your application will be reviewed by the Volunteer Coordinator, who will then contact you or it may be forwarded to an applicable department based on your specified area of interest for follow-up.

The Lung Association, Alberta & NWT thanks you for your support. The personal contact information that we keep on file for you is held in strict confidence and used solely for the purpose of communicating with you. From time to time, we may use your contact information to keep you informed of other activities, events and or/fundraising opportunities in support of the Association. Under no circumstances will this information be shared with companies, individuals or organizations not part of The Lung Association. Should you not wish to be included on any of these lists, please let us know?