



miskanawah
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Volunteer Application Form

PERSONAL INFORMATION

Name: _____

Home Address: _____

Home Email: _____

Phone: (H) _____ (C) _____ Postal Code: _____

BUSINESS INFORMATION (Optional)

Business Name: _____

Business Address: _____

Business Email: _____

Phone: _____ Fax: _____ Postal Code: _____

Are you over 18? Yes No, age: _____

(Optional) Day of Birth: _____ Month of Birth: _____

Are you legally entitled to work in Canada (Please circle): Yes No

Volunteers who are not legally able to work in Canada may still be considered

Please list any medical or physical conditions that we should be aware of for your safety, or that may restrict your ability to perform certain tasks (i.e. Asthma, heart problems, epilepsy, allergies, back or joint problems):

Please list two emergency contacts:

1. Emergency Contact Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

2. Emergency Contact Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____



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GETTING TO KNOW YOU

1. Why are you interested in volunteering at Miskanawah?

2. Please provide a brief summary of current/past education, employment and volunteer positions.

Remember to include details on any past experience relating to the position you are most interested in.

3. Do you speak and/or write any languages other than English? No / Yes
Language(s):

4. Have you been charged with or convicted of an offence in the last 5 years for which you have not been pardoned? No / Yes
If yes, please describe:

5. How did you hear about us?

- 1) Friend/family
- 2) Website
- 3) School
- 4) Miskanawah staff
- 5) Another non-profit group
- 6) Volunteer Fair
- 7) Special event: _____
- 8) Newspaper/radio: _____
- Other: _____



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6. Please circle the days and times you are generally available to volunteer:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

REFERENCES

Please list two references:

Name: _____

Relationship: _____

Phone: _____ Best Time to Call: _____

Name: _____

Relationship: _____

Phone: _____ Best Time to Call: _____

I fully understand the above questions and certify that all information provided is true and accurate to the best of my knowledge. I grant consent to the volunteer services department to verify its accuracy as well as to contact the references I have listed to determine my suitability for a volunteer position with Miskanawah. I release Miskanawah and all others from liability in connection with the verification of this information.

Signature of applicant: _____

Date: _____

All information collected is for internal records only and will not be shared with outside organizations.

Please return this form by mail, fax, or email to:

Email: aspelay@miskanawah.ca
Mail/in person: #102 6919 32 Ave. NW
Calgary, AB T3B 0K6