



# AOCDF Volunteer Application

## PERSONAL INFORMATION

PLEASE PRINT

NAME \_\_\_\_\_ Mr.  Ms.  Mrs.  Miss   
Last name Given name

ADDRESS \_\_\_\_\_  
Street City, Province Postal Code

TELEPHONE \_\_\_\_\_  
Home Work Cell

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
Name Relationship Phone

EMPLOYED Fulltime  Part time  Employer \_\_\_\_\_ Retired

STUDENT High School  Post Secondary  School Name \_\_\_\_\_ N/A

ARE YOU VOLUNTEERING TO FULFILL A REQUIREMENT OF ANOTHER PROGRAM? No  Yes  Required Hours \_\_\_\_\_

## SKILLS AND INTERESTS

PRESENT OR FORMER OCCUPATION \_\_\_\_\_

HOBBIES, SPECIAL INTERESTS, SKILLS \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE? \_\_\_\_\_

IF KNOWN, WHICH POSITIONS ARE YOU INTERESTED IN? 1. \_\_\_\_\_ 2. \_\_\_\_\_

## AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

LENGTH OF COMMITMENT On-going  3 – 6 months  Special Assignment: From \_\_\_\_\_ to \_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

Brochure  Poster  Website  Other website  Self-Referral  School  Friend/Relative

Online networking site (e.g. Facebook, Instagram).  Please specify \_\_\_\_\_

If you were referred, who referred you? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you able to volunteer a minimum of 5 hours a month? Yes  No

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I declare that all statements on this application are, to the best of my knowledge, accurate statements of fact. It is understood that any false statements will be sufficient reason for my dismissal. I understand that my eligibility to volunteer is contingent upon satisfactory police Information check and references. In addition, if selected, I agree to abide by the guidelines, policies and procedures of Volunteer Services. My signature also authorizes Alberta OCD Foundation to check past employers and volunteer history.

**COLLECTION AND STORAGE OF VOLUNTEER INFORMATION**

Volunteer Services of Alberta OCD Foundation (AOCDF) collects information about volunteers. This information is collected through varied processes which may include; application, reference letters, interviews, police information check, and evaluations. The information is stored in files and on a computerized database and is accessed only by those persons who require access. This information is used solely for the purpose of selecting, matching, and referring volunteers to appropriate assignments, recognizing volunteers and for communication purposes. If you have any questions about any of the information we ask for, please talk to the Coordinator of Volunteer Services or designate.

**CONSENT AND RELEASE OF PHOTOGRAPHY**

Do you consent to the release of photographs, video or other visual aids that you may be pictured in, to be used for recognition or promotional purposes? You will be able to view these items prior to publication, if desired.

Yes  No

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_

**THANK YOU FOR APPLYING TO VOLUNTEER WITH THE ALBERTA OCD FOUNDATION.  
VOLUNTEERS ENHANCE THE QUALITY OF LIFE FOR PEOPLE WHO LIVE WITH OCD.**