



Alberta Committee of Citizens with Disabilities

Volunteer Application Form

Date: _____

Name: _____

Address: _____

City/Town: _____ Postal Code: _____ E-mail: _____

Phone: Home _____ Work _____ Cell: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact: _____

Volunteer Experience:

DATES (Years)	DESCRIPTION OF WORK

Employment Experience:

DATES (Years)	DESCRIPTION OF WORK

Languages spoken: _____

Do you require any accommodations that we could provide? Yes (Please specify) No

Skills/interests/hobbies (e.g. computers, fundraising): _____

Do you have a car? Yes No Would you use it for your volunteer job? Yes No

Available for Volunteer Work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Specific Dates/Months: _____

How did you hear about our Volunteer Program? _____

Why are you interested in volunteering with the Alberta Committee of Citizens with Disabilities?

In order to assist us in matching you with the best available volunteer position, please indicate which type of volunteer work you prefer. Check all that apply.

- Presentations Special Events/Fundraising
 Volunteer driver Leadership

References:

	NAME	PHONE	Relationship
1.			
2.			
3.			

Due to the nature of some of our volunteer positions, the Alberta Committee of Citizens with Disabilities may require the following background checks:

1. Police Check
2. Drivers Abstract and Proof of Insurance

The Alberta Committee of Citizens with Disabilities will only use the above information to determine your suitability for particular types of volunteer work. All such information will be kept confidential.

Signed: _____ Date: _____

ACCD will contact you within one week of receiving your volunteer application.

***Thank you for your interest in the Alberta
Committee of Citizens with Disabilities***

Please complete the form and then send it to us by post, fax, or e-mail.

Alberta Committee of Citizens with Disabilities
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