



11150 Bonaventure Drive SE
 Calgary, AB
 FAX: (403)278-7573

APPLICATION FOR VOLUNTEER SERVICE

VOLUNTEER POSITION applied for: _____

Have you worked previously as a Trico Centre volunteer? Yes No

If yes, please indicate program/event and year(s) in which you volunteered

 Year: _____

 Year: _____

PERSONAL DATA (please print)

NAME: _____

ADDRESS: _____ Code: _____

PHONE: (h) _____ (w) _____ AGE: Senior Adult Teen

Mode of Transportation: _____

Do you have a medical condition / disability / handicap that we should be aware of? Yes No

If yes, please fill out medical info card

IN EVENT OF AN EMERGENCY please contact: Name: _____
 Phone _____ Relationship _____

EDUCATION: Name of School: _____ Grade/Yrs Completed: _____

Interests / Hobbies: _____

➤ **HISTORY** (volunteer / employment) List positions you have held, beginning with the most recent:

Employer	Employer
Address	Address
Telephone	Telephone
Duties/Title	Duties/Title
Reason for leaving:	Reason for leaving:

➤ **REFERENCES:** Please do not use family members:

NAME	RELATIONSHIP	PHONE	ADDRESS

DECLARATION: *I certify that the statements made in this application are true and complete.
 I understand and agree that a false statement may disqualify me from a position:*

Volunteer Signature: _____ Date: _____

Parent/Guardian: (if applicant is under 18 yrs) _____ Date: _____

