



# Volunteer Application Form

ALBERTA / NWT DIVISION

Date: \_\_\_\_\_

RE # \_\_\_\_\_

**Please print clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ph (home): \_\_\_\_\_ Ph (bus): \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Citizenship or immigration status:  Canadian  Landed Immigrant  Other (specify status): \_\_\_\_\_

Have you moved in the last two years? If so, please provide your previous address for tracking purposes:

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Experience and Background

To better understand your skills and personal interests, please provide the following information:

Languages spoken:  English  French  Other: \_\_\_\_\_

Education and training: \_\_\_\_\_

Skills/interests/hobbies (please check all that apply):

- General computer skills
- Accounting/bookkeeping
- Data entry/word processing
- General office
- Public speaking
- Event organization
- Photography
- Fundraising
- Project management
- Organizational skills
- Other: \_\_\_\_\_

Current/previous occupation: \_\_\_\_\_

Volunteer experience(s): \_\_\_\_\_

## Availability

I am interested in volunteering:  Short-term (up to six months)  Long-term (longer than six months)  
 Occasionally (as needed and available)

I am available:  Mornings  Evenings  Afternoons  Other: \_\_\_\_\_

## Placement Preferences

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.)

Special events:  Daffodil Days  Relay For Life  Jail-N-Bail  Face Off Against Cancer  Mics. events  
 Event driver (e.g. daffodil delivery)

Ongoing opportunities:  Office administration (e.g., data input, phoning, filing)  
 Volunteer Driver Program (driving people to and from cancer-related appointments)  
 CancerConnection (cancer survivor and caregiver peer support program)  
 Leadership committee (e.g., event committee member, board member and governance)  
 Other: \_\_\_\_\_

## Volunteer Program

How did you hear about our volunteer program? \_\_\_\_\_  
\_\_\_\_\_

Is there a reason you have chosen to volunteer with the Canadian Cancer Society? (optional)

\_\_\_\_\_

\_\_\_\_\_

## References

Please provide two references. Please note that you cannot use a Canadian Cancer Society staff member as a reference. You may use a family member as one of your two references.

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Background Check

Due to the nature of some of our volunteer positions, the Canadian Cancer Society may require the following background checks be conducted:

1. Criminal Record Check
2. Driving Record
3. Confirmation of professional designation (e.g., CA, CPA, LLB)
4. In addition, we may request that you provide two personal references that can be contacted

The Canadian Cancer Society will only use the above information to determine your suitability for particular types of volunteer work. All such information will be kept confidential.

Unless you indicate otherwise, the Canadian Cancer Society may contact you from time to time to inform you about our activities, programs, services and direct mail.

Please do NOT contact me.

Signed: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(if under 18, this form must be signed by a parent or guardian) (optional)

**Thank you for your interest in the Canadian Cancer Society.**

The Canadian Cancer Society respects the privacy of our clients and stakeholders. We do not sell or trade the personal information. We use the information collected on this form to keep you informed about this and future events and for project evaluation. We may use this information to inform you about Canadian Cancer Society programs, services, events and volunteer, revenue development & educational opportunities. We honour all requests for removal from any and all mailing lists and all requests for donor anonymity.

To correct or confirm your information, please speak with a Canadian Cancer Society representative or call the nearest Canadian Cancer Society office. For questions or concerns about our privacy practices, please contact our privacy officer at 1 800 661-2262 or e-mail us at [privacy.officer@cancer.ab.ca](mailto:privacy.officer@cancer.ab.ca). You may obtain a copy of our privacy policy at any Canadian Cancer Society office or on our website at [www.cancer.ca](http://www.cancer.ca).