



101 Athabasca Avenue  
Hinton, AB.  
T7V 2A4

## VOLUNTEER APPLICATION

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

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

\_\_\_\_\_

Phone contact: \_\_\_\_\_

### **Volunteer Information:**

Briefly describe why you are interested in becoming a volunteer with The Evergreens Foundation and what you hope to accomplish?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous or Current Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of volunteer opportunities would interest you?

- Administrative
- Outings
- Fitness and Wellness
- Special Events
- Games Assistant / Bingo
- Crafts
- Other

What sites are you interested in volunteering?

- Alpine Summit Seniors Lodge, Jasper
- Pine Valley Lodge, Hinton
- Parkland Lodge, Edson
- Whispering Pines Lodge, Grande Cache
- Sunshine Place Lodge, Evansburg

Availability: What days and times would you be available?

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**Background Information:**

Education & Training:

SCHOOL / INSTITUTE

DATES

COURSES OF STUDY

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Present Occupation/Employment:

EMPLOYER

POSITION

DATES

SUPERVISOR NAME/PHONE

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Hobbies/Interests:

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The care and welfare of our residents is our prime purpose and concern. In order to ensure their physical, mental and emotional welfare, we ask that you please read and sign the following:

**PERMISSION AND VERIFICATION:**

I, \_\_\_\_\_ hereby authorize the Evergreens Foundation to obtain references for the purpose of this application and certify that the information I have provided is true and complete to the best of my knowledge.

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Signature Date

**REFERENCES:**

Name	Telephone	Personal	Professional	Family
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I further release the above named references from any liability in regard to the same.

\_\_\_\_\_  
Signature Date

**CONFIDENTIALITY:**

I further agree that all the information I receive or observe about the Evergreens Foundation residents and / or staff members, while volunteering for the Evergreens Foundation will remain strictly confidential and will never be repeated even when I am no longer volunteering with the Evergreens Foundation. Any Breach of Confidentiality will result in immediate termination of my position and could be considered slanderous.

\_\_\_\_\_  
Signature Date

**CRIMINAL RECORD CHECK:**

\*PLEASE NOTE THAT IF YOU ARE SUCCESSFUL IN OBTAINING A VOLUNTEER POSITION, A CRC IS REQUIRED UNDER THE PROTECTION FOR PERSONS IN CARE ACT PRIOR TO VOUNTEER PLACEMENT.

I, \_\_\_\_\_ understand that no application for a position as volunteer with the Evergreens Foundation will be considered without a current and satisfactory criminal record check being presented. I agree to have this check performed at the Office of the RCMP as requested.

\_\_\_\_\_  
Signature Date

*The Personal Information requested on this form is protected under the provisions of The Freedom of Information and Privacy (FOIP) Act. If you have any questions about eh collection and use of this information, contact the Evergreen's foundation FOIP Coordinator at 780-865-5444.*