



Name: _____

Address: _____

Telephone: _____

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 & 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?

Background Information

Education & Training:

Present Occupation/Employment:

Volunteer Application

Hobbies, Skills, Interests:

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.

Signed: _____ Date: _____

REFERENCES

	Name	Telephone	Personal	Professional	Family
1)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Signed: _____ Date: _____

CONFIDENTIALITY AGREEMENT

I further agree that all information I receive or observe about The Evergreens Foundation, residents, 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 instant termination of my position and could be considered slanderous.

Signed: _____ 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 volunteer 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 and I agree to have this check performed at the Office of the RCMP as requested.

Signed: _____ 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 the collection and use of this information, contact The Evergreens Foundation FOIP Coordinator at 780-865-5444.