



Parkinson Society of Southern Alberta Volunteer Application

All information will remain confidential. Applicants may be required to provide the Parkinson Society of Southern Alberta with confirmation of security clearance from the Calgary Police Service (this depends what you volunteer for).

The purpose of this document is to obtain your personal information; for our volunteer records, liability issues, to protect you and the agency, for emergency use. This document will remain on file for 2 years after you have ended your volunteer position with us.

Personal Information:

Name: _____

Address: _____

Email address: _____

Home #: _____ Work #: _____

Date of Birth: _____ (year is optional)

Emergency Contact Name: _____

Phone #: _____ Relationship to Volunteer: _____

Parkinson Society of Southern Alberta Volunteering Opportunities:

- _____ Casino _____ Special Events _____ SuperWalk _____ Tulip Golf Tournament
- _____ Office Assistance _____ Library _____ Public Speaker _____ Displays / Booths
- _____ Friendly Visitor _____ Fundraising _____ Party Hosts _____ Phone Friends

Experience:

Please describe your educational background:

What is your current occupation?

Have you volunteered before? If so, please give a brief description:

Can you provide us with a brief overview of your skills and interests?



Why are you interested in volunteering with Parkinson Society of Southern Alberta?

Availability:

Can only commit time needed for Special / Fundraising Event (s) YES _____ NO _____

Can you commit regularly each week? YES _____ NO _____

How many volunteer hours can you commit to each week? _____

On what days and at what time are best for you? _____

Do you have your own transportation? YES _____ NO _____

How did you hear about us?

_____ Volunteer Calgary _____ Phone Book _____ Our website _____ Friend / Volunteer

_____ Family _____ TV / Newspaper _____ One of our Events _____ School / other agency

References:

Please provide us with two individuals, other than a relative, who could provide us with a character reference and whom we might call.

1. NAME: _____ PHONE #: _____

ADDRESS: _____

2. NAME: _____ PHONE #: _____

ADDRESS: _____

SIGNATURE

DATE

**WE THANK YOU FOR YOUR PARKINSON SOCIETY OF SOUTHERN ALBERTA
VOLUNTEER INTERESTS**