

Comments:

9502 – 100 Avenue Morinville, Alberta T8R 1P6 T: 780-939-7839 F: 780-939-7889 www.morinville.ca

## **Volunteer Application Form**

Volunteer Inf	formation					
Last Name:	e: First Name:				Date of Birth: (yy/mm/dd)	
Mailing Address:		<u> </u>				
City:		Province:			Postal Code:	
Primary Phone #:		Secondary Phone #:				
Email Address:		The email address is being opt out is available at any			g collected for Volunteer purposes only. The option to time.	
Emergency Contact Information						
Last Name:		First Name:			Relationship:	
Contact #:						
Please indicate the type of volunteer activity that interests you (check all that apply)						
Festivals & Special Events				Sport and Recreation Programming		
Arts & Culture Programming			Seniors Programming			
Practicum/Internship			Youth Programming			
Community Hours				Emergency Social Services		
Other:						
PLEASE NOTE: A Criminal Records Check may be required dependent on the volunteer opportunity						

## Please complete the Volunteer Agreement on the reverse side of this form

For Office Use Only

The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Morinville. If you have any questions, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 10125-100 Avenue, Morinville, AB, T8R 1L6 or by calling (780)939-4361.



9502 – 100 Avenue Morinville, Alberta T8R 1P6 T: 780-939-7839 F: 780-939-7889 www.morinville.ca

## Volunteer Application Form Page 2

Volunteer Agreement						
AGENCY:	VOLUNTEER:					
The Town of Morinville agrees to make the following commitment to the volunteer:	I agree to serve the Town of Morinville as a volunteer and commit to the following:					
<ol> <li>We will provide sufficient information, training and assistance for the volunteer to be able to meet the responsibilities of their position.</li> <li>We will be open to hearing any comments or suggestions from the volunteer in regards to how we can enhance the volunteer experience during programs or events in the future.</li> <li>We will treat our volunteer with respect and dignity.</li> <li>We will keep accurate records of when the volunteer put hours in as well as the roles they had.</li> <li>We will provide future work references or letters for schools if requested.</li> </ol>	<ol> <li>I will perform my volunteer roles as assigned to the best of my ability.</li> <li>I will maintain all information obtained at the Town of Morinville confidential.</li> <li>I agree to arrive on time to volunteer opportunities. If I am unable to be present on my committed day, I will notify the Town of Morinville at least 24 hours prior.</li> <li>I will adhere to all of the Town of Morinville policies and procedures.</li> </ol>					
Town of Morinville Staff Signature:	Volunteer Signature:					
Name of Town of Morinville Staff Member:	Signature of Parent/Guardian: (if volunteer is under 18 years of age)					
Date: (yy/mm/dd)	Date: (yy/mm/dd)					

The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Morinville. If you have any questions, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 10125-100 Avenue, Morinville, AB, T8R 1L6 or by calling (780)939-4361.