



ALS SOCIETY OF PEI Volunteer Services Application Form

Please Print: (Mr./Mrs./Ms./Miss/Dr./Rev'd – please circle)

Date: _____

Last Name: _____

First Name: _____

Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Email: _____

Phone: Home: _____

Business: _____

Cell: _____

I prefer to receive calls at: Home

Business

Best Time to call: _____

Birth Date: _____

(Day/Month/Year – if under 18)

Birth Date: _____

(Day and Month only – if over 18 – year is optional)

Main Reason for Volunteering (Please check off all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> employment experience | <input type="checkbox"/> give back to the community | <input type="checkbox"/> referred by medical profession |
| <input type="checkbox"/> help others | <input type="checkbox"/> learn new skills | <input type="checkbox"/> stay active & involved |
| <input type="checkbox"/> explore career options | <input type="checkbox"/> improve health care | <input type="checkbox"/> practice English skills |
| <input type="checkbox"/> academic credit | <input type="checkbox"/> social interaction | <input type="checkbox"/> relative/friend volunteers |
| <input type="checkbox"/> other (specify) _____ | | |

How did you find out about us (please check off all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> newspaper | <input type="checkbox"/> church | <input type="checkbox"/> referral organization |
| <input type="checkbox"/> poster/brochure/flyer | <input type="checkbox"/> ALS display booth | (specify): _____ |
| <input type="checkbox"/> volunteer | <input type="checkbox"/> school | <input type="checkbox"/> other |
| <input type="checkbox"/> relative/friend | <input type="checkbox"/> radio | _____ |
| <input type="checkbox"/> received service | <input type="checkbox"/> T.V. | |

Type of volunteer work you are interested in (please check off all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> administrative/office support | <input type="checkbox"/> conference | <input type="checkbox"/> display booth host |
| <input type="checkbox"/> companion volunteer | <input type="checkbox"/> Walk for ALS | <input type="checkbox"/> garage sales |
| <input type="checkbox"/> contact volunteer | <input type="checkbox"/> prize solicitation | <input type="checkbox"/> concerts |
| <input type="checkbox"/> board/committee | <input type="checkbox"/> golf tournaments | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> speakers bureau | <input type="checkbox"/> driver/delivery volunteer | |

Skills and experience you have to offer (please check off all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> CPR training | <input type="checkbox"/> physio/OT experience | <input type="checkbox"/> computer skills |
| <input type="checkbox"/> communication skills | <input type="checkbox"/> work well with people | <input type="checkbox"/> nursing |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> clerical | <input type="checkbox"/> complimentary therapies |
| <input type="checkbox"/> access to a vehicle | <input type="checkbox"/> sales experience | (specify) _____ |
| <input type="checkbox"/> driver's license | <input type="checkbox"/> data entry | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> photography | <input type="checkbox"/> public speaking | |
| <input type="checkbox"/> musical ability | <input type="checkbox"/> desktop publishing | |

Availability: Please check off the days and times you are most often available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Criminal Record Check

Please provide a recent Criminal Record Check and a further check for positions of Trust with vulnerable persons.

Health Information

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

Volunteer Experience:

Agency/Institution	From	To
Position	Reason for Leaving	
Agency/Institution	From	To
Position	Reason for Leaving	

Employment History:

working F/T working P/T retired unemployed student homemaker self employed

Employer	From	To
Position	Reason for Leaving	
Employer	From	To
Position	Reason for Leaving	

Emergency Contact

Name	Relationship	Home Phone:
		Work Phone:

References

Please list two people other than relatives who would be willing to supply a character reference – past or present employers, volunteer administrators, teachers, etc.

Name	Address	Relationship	Phone Numbers Home: Work:
Name	Address	Relationship	Phone Numbers Home: Work:

I hereby authorize the Volunteer Services Department of The ALS Society of PEI to verify any information supplied by me in this application form to ascertain my suitability as a volunteer. I hereby release the ALS Society of PEI from all liability for any damage whatsoever for issuing same. I further authorize the ALS Society of PEI to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

I hereby certify that all information in this application form is true and complete.

Signature of Applicant: _____ **Date:** _____

Disclaimer: Because we take our responsibility for clients seriously, we screen all our applicants thoroughly. While we try to place every prospective volunteer. Management reserves the right to reject any applicant.