

ALS SOCIETY OF PEI Volunteer Services Application Form

Last Name:		_ First Name: _	First Name:				
Address:		City/To	own:				
Province:	Postal Code:	Email:					
Phone: Home:	Business:		Cell:				
I prefer to receive calls at: Hom	ne□ Business□	Best Time to	call:				
Birth Date:(Day/Month/Year - if u	nder18)	Birth Date:	(Day and Month only – if over 18 – year is optional)				
Main Reason for Volunteering							
 □ employment experience □ help others □ explore career options □ academic credit □ other (specify) 	☐ learn new sl☐ improve hea☐ social intera	alth care	 □ referred by medical profession □ stay active & involved □ practice English skills □ relative/friend volunteers 				
How did you find out about us □ newspaper □ poster/brochure/flyer □ volunteer □ relative/friend □ received service	s (please check off all that a church ALS display school radio T.V.		☐ referral organization (specify): ☐ other				
Type of volunteer work you an □ administrative/office support □ companion volunteer □ contact volunteer □ board/committee □ speakers bureau	•	LS ation ments	icolumnia display booth host ☐ garage sales ☐ concerts ☐ other				
Skills and experience you have CPR training communication skills fundraising access to a vehicle driver's license photography musical ability	e to offer (please check off	experience vith people ence king	□ computer skills □ nursing □ complimentary therapies (specify) □ other				

Availability: Please check off the days and tines 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		То	
Position	Reason for Leaving							
Agency/Institution					From		То	
Position			Reason for Leaving					
Employment History: working F/T working P/T Employer	∏reti	red □unempl	oyed [stude From		aker To	□self employed	
Employer				FIOIII		10)	
Position				Reason for Leaving				
Employer				From			То	
Position				Reason for Leaving				
Emergency Contact								
Name		Relationship	Home Phone:					
					Work Phone:			
References Please list two people other than employers, volunteer administrat Name				y a cha		•	ne Numbers	
						Wor	k·	
Name	Address		Relationship		Phor	Phone Numbers Home:		
						Wor	k:	
I hereby authorize the Volunteer in this application form to ascert liability for any damage whatsoe information in their records and keeping this information and usin I hereby certify that all informat	ain my sui ver for iss release ar ng it for th	itability as a volun ruing same. I furth nd absolve them fro eir purpose.	teer. I herei er authorize om all liabili	by rele the A ity tha	ease the ALS Soc LS Society of PE t may otherwise	iety of EI to m	PEI from all aintain this	
Signature of Applicant:				Dat	te:			

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.