

Email: volunteer@okotoks.ca
Mail/drop off:
Volunteer Resource Centre
Town of Okotoks
99 Okotoks Drive, Okotoks AB
Fax: 403-938-8934



**TOWN OF OKOTOKS
VOLUNTEER APPLICATION FORM - ADULT**

CONTACT INFORMATION¹

First Name: _____ Last Name: _____

Street Address: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Check this box to opt -in to receive information on volunteer opportunities through email

Emergency Contact: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

VOLUNTEER INFORMATION

1. Please tell us about any previous volunteer experience you may have:

2. What are your special skills (i.e. second language), hobbies and interests?

3. What type of volunteer position are you interested in? Please check all that apply:
 - Aquatics (i.e. assisting with swimming lessons)
 - Special Events (i.e. Children’s Festival, Canada Day Celebration)
 - Disaster Services (i.e. Flood)
 - Open Spaces (i.e. Flowers beds, tree planting)
 - Cultural & Historical (Art Gallery, Museum & Performing Arts Centre)
 - Committee Member (i.e. United Way Partnership, Healthy Okotoks Coalition)
 - Volunteer Driver Program (please complete additional form)
 - Snow Angel Program (i.e. Snow shovelling for residents unable to shovel)
 - Other (please specify): _____

4. Please share with us any cognitive, physical or medical limitations (including allergies) that could affect your volunteer placement:

REFERENCES

Please provide two character references from individuals other than family members:

1. First Name: _____ Last Name: _____

Relationship to Applicant: _____

Phone: _____

E-mail: _____

2. First Name: _____ Last Name: _____

Relationship to Applicant: _____

Phone: _____

E-mail: _____

SIGNATURES/IDENTIFICATION

Signature of Applicant: _____ Date: _____

Signature of Interviewer: _____ Date: _____

Identification Provided: (1) _____ (2) _____

Notes:

1. *Personal information collected on this Volunteer Application is protected by the Freedom of Information and Protection of Privacy Act.*

Photograph Consent Form

"I hereby consent to the use of and grant to the Town of Okotoks the right to use photographs of myself for the purposes of promoting the Town of Okotoks programs. I understand no other personal information will be released by the Town of Okotoks without my permission."

Last Name

First Name

Signature of Applicant

Date

Notes:

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