

VERSION 1.0



Family and Community
Support Services

VOLUNTEER QUESTIONNAIRE & APPLICATION FORM

OYEN FAMILY & COMMUNITY SUPPORT SERVICES

313 3 AVE E, OYEN, AB T0J 2J0

MON-THURS: 9AM-4:30PM

(403) 664-2255

VOLUNTEER QUESTIONNAIRE & APPLICATION FORM

GENERAL INFORMATION

	For our records
1	Today's Date:
2	First & Last Name:
3	Full Mailing Address:
4	Home Phone:
5	Cell Phone:
6	Email Address:
7	Emergency Contact (Name & Phone Number):
8	Date of Birth (Month, Day, Year):
9	Place of Employment (If Applicable):
10	Education Background (Optional):

HOURS AVAILABLE TO VOLUNTEER

[Casual when needed, set day(s) of the week, ½ day, whole day, several hours a day, state your preferences.]

PREFERRED COMMUNITY SERVICE

[Is there a community service you would like to volunteer for: youth groups, senior groups, organized sports, farmer's market, community garden, casino group]

PREVIOUS VOLUNTEER EXPERIENCE

	List your volunteer experiences along with a brief explanation of terms
1	
2	
3	

WHAT INTERESTS DO YOU ENJOY?

	List your top 5
1	
2	
3	
4	
5	

PROFESSIONAL OR CHARACTER REFERENCE

	List one professional or character reference, including phone number
1	Full Name:
2	Contact Number:
3	Relationship to You:

CRIMINAL RECORDS CHECK

	Are you willing to provide a Criminal Records Check?
1	Yes / No:
2	Signature:

THANK YOU FOR YOUR INTEREST

Thank you for your interest in becoming an OYEN FCSS VOLUNTEER. The volunteer coordinator will be in touch with you once the Criminal Records Check is complete to discuss options for volunteer placement.

Growing a stronger community, one volunteer at a time!

FOR OFFICE USE ONLY: VOLUNTEER'S START DATE _____