

# Alberta Council on Aging

An Independent Non-Profit Charitable Organization Since 1967



## Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Previous or current occupation: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Skills, interests, & hobbies: \_\_\_\_\_

Why would you like to volunteer with the Albert Council on Aging? \_\_\_\_\_

What position would you like to volunteer for with the Alberta Council on Aging? \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Reference

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

I hereby, adhere to the rules and regulations of the Alberta Council on Aging regarding their policies on volunteering and that the above information is correct to my knowledge. I will provide the Alberta Council on Aging with a Police Check, with reimbursement if I am selected for a position.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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working to improve the quality of life for seniors