

# Alberta Council on Aging

An Independent Non-Profit Charitable Organization Since 1967



## Volunteer Application Form

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

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

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

Occupation: \_\_\_\_\_

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

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

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

Skills applicable to volunteer position: \_\_\_\_\_

Anything else you would like us to know about you?

Alberta Council on Aging  
PO Box 62099  
Edmonton, Alberta  
T5M 4B5

Phone: 780.423.7781  
Toll Free: 1.888.423.9666  
[www.acaging.ca](http://www.acaging.ca)  
info@acaging.ca

working to improve the quality of life for seniors

# Alberta Council on Aging

An Independent Non-Profit Charitable Organization Since 1967



---

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

Alberta Council on Aging  
PO Box 62099  
Edmonton, Alberta  
T5M 4B5

Phone: 780.423.7781  
Toll Free: 1.888.423.9666  
[www.acaging.ca](http://www.acaging.ca)  
info@acaging.ca

working to improve the quality of life for seniors