



Volunteer Application Form

ABOUT YOU

First Name Last Name

Address
Indicate which community you live in if your address is a P.O. Box

City/Prov Postal Code

Phone Email

PREVIOUS VOLUNTEER EXPERIENCE

SKILLS, INTERESTS, AND HOBBIES

WHAT VOLUNTEER POSITION(S) ARE YOU INTERESTED IN?

- Board Directors Representative Office Support Social Media
 Fundraising Lead Presenter
 Grant Writer Regional Representative

REASONS FOR VOLUNTEERING

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

Signature Date