



AN ALBERTA SOCIETY FOR CITIZENS WITH DISABILITIES

## VOLUNTEER APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

### 1.) Choice of Volunteer Work Preferred:

Administrative Support	<input type="checkbox"/>	Direct Client Support	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Casino Worker	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>

### 2.) Time availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

How many times per week would you like to volunteer? \_\_\_\_\_

3.) Please list any special gifts and talents you would be willing to share during your placement.



AN ALBERTA SOCIETY FOR CITIZENS WITH DISABILITIES

## VOLUNTEER APPLICATION FORM

4.) Please list two references that we may contact.

a. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

5.) Why would you like to volunteer with Chrysalis?

Health concerns or allergies: (please list)

---

---

---

---

**Thank you for your interest in volunteering with Chrysalis!**

*\*All volunteers are required to complete a Criminal Records Check in compliance with the Protection of Persons in Care Act.*

*\*\* All volunteers must complete the volunteer process before placement. Full compliance is necessary.*