



VOLUNTEER APPLICATION

FOR OFFICE USE ONLY Volunteer Number

Personal information on this application from is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32(c). It will be used to determine your suitability, eligibility or qualification for volunteer service with the Firefighters Museum Society Calgary. Questions about the use or collection of this information should be directed to the Volunteer Coordinator, 4124 11 Street SE, Calgary Alberta, T2G 3H2, 403-287-4297.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	PREFERRED NAME
ADDRESS (STREET, R.R., P.O. BOX)			CITY /PROVINCE	POSTAL CODE
HOME TELEPHONE	BUSINESS TELEPHONE	CELL TELEPHONE	E-MAIL ADDRESS	

OCCUPATION	EMPLOYER'S NAME	LENGTH OF EMPLOYMENT	HOURS OF WORK (FROM/TO)
SUPERVISOR'S NAME	CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES SPOKEN	CITIZENSHIP

PREVIOUS WORK EXPERIENCE

EDUCATION – STATE HIGHEST LEVELS ACHIEVED

SPECIAL SKILLS, TRAINING, INTERESTS, HOBBIES, MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATION

LIST PRESENT OR PREVIOUS VOLUNTEER OR RELATED EXPERIENCE

HAVE YOU EVER WORKED PREVIOUSLY AS A REGISTERED VOLUNTEER WITH THE FIREFIGHTERS MUSEUM SOCIETY CALGARY?
 YES NO IF YES, PLEASE INDICATE WHICH PROGRAM:

SPECIFY BELOW YOUR PREFERRED AREA OF INTEREST AND WHY YOU WISH TO BE A VOLUNTEER IN THIS AREA:

TIME AVAILABLE FOR VOLUNTEER WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM:							
PM:							

- FLEXIBLE
 PREFER WEEKDAYS
 PREFER EVENINGS
 PREFER WEEKENDS
 THERE ARE TIMES DURING A WEEK THAT I CANNOT VOLUNTEER. PLEASE INDICATE:



VOLUNTEER APPLICATION

FOR OFFICE USE ONLY
Volunteer Number

DRIVING INFORMATION

VALID DRIVER'S LICENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATORS LICENCE NUMBER	PROVINCE	CLASS	NUMBER OF DEMERITS
--	--------------------------	----------	-------	--------------------

REFERENCES (DO NOT USE RELATIVES)

NAME	RELATIONSHIP TO APPLICANT (i.e. coworker, supervisor, friend)	HOME TELEPHONE	BUSINESS TELEPHONE
1.			
2.			
3.			

MEDICAL DATA

DO YOU HAVE A MEDICAL CONDITION / DISABILITY / HANDICAP THAT WE SHOULD BE AWARE OF?		
NAME OF FAMILY DOCTOR	PHONE NUMBER	ALBERTA HEALTH CARE NUMBER

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME	RELATIONSHIP	HOME TELEPHONE	BUSINESS TELEPHONE
------	--------------	----------------	--------------------

HAVE YOU ANY CRIMINAL CONVICTION FOR WHICH A PARDON HAS NOT BEEN GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO

IF POSSIBLE, PLEASE INCLUDE A COPY OF YOUR CURRENT RESUME.

In making this application, I hereby give the Firefighters Museum Society Calgary to contact the persons named as references and to make inquiries with Police Authorities as may be deemed necessary to ascertain my suitability as a volunteer.

I understand that if accepted as a Firefighters Museum Society Calgary Volunteer, my Criminal Record Clearance will be repeated as required.

Date

Applicant's Signature