



9502 – 100 Avenue
Morinville, Alberta
T8R 1P6
T: 780-939-7839
www.morinville.ca

Volunteer Application Form

Volunteer Information

Last Name:	First Name:	Date of Birth: (yy/mm/dd)
Mailing Address:		
City:	Province:	Postal Code:
Primary Phone #:	Secondary Phone #:	
Email Address:		The email address is being collected for Volunteer purposes only. The option to opt out is available at any time.

Emergency Contact Information

Last Name:	First Name:	Relationship:
Contact #:		

Please indicate the type of volunteer activity that interests you (check all that apply)

Festivals and Special Events		Sport and Recreation Programming
Town Programs		Seniors Programming
Eat Well Program		Youth Programming
Community Hours		Emergency Social Services
Other:		International Women's Day Committee

PLEASE NOTE:	A Criminal Records Check may be required dependent on the volunteer opportunity
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Please complete the Volunteer Agreement on the reverse side of this form

Please list any previous/current volunteer activities:



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Please list any hobbies, interests, and special skills or training you'd like to highlight:

Please list any restrictions on the types of tasks you can handle? For instance, are there limitations like lifting objects heavier than 20 lbs or climbing stairs?

Why are you interested in volunteering with us, and what do you hope to contribute or gain from this experience?

Please fill out the Volunteer Agreement on the next page.



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Volunteer Agreement	
AGENCY: The Town of Morinville agrees to make the following commitment to the volunteer: <ol style="list-style-type: none">1. We will provide sufficient information, training and assistance for the volunteer to be able to meet the responsibilities of their position.2. We will be open to hearing any comments or suggestions from the volunteer in regards to how we can enhance the volunteer experience during programs or events in the future.3. We will treat our volunteer with respect and dignity.4. We will keep accurate records of when the volunteer put hours in as well as the roles they had.5. We will provide future work references or letters for schools if requested.	VOLUNTEER: I agree to serve the Town of Morinville as a volunteer and commit to the following: <ol style="list-style-type: none">1. I will perform my volunteer roles as assigned to the best of my ability.2. I will maintain all information obtained at the Town of Morinville confidential.3. I agree to arrive on time to volunteer opportunities. If I am unable to be present on my committed day, I will notify the Town of Morinville at least 24 hours prior.4. I will adhere to all of the Town of Morinville policies and procedures.5. I agree to represent the Town of Morinville as an ambassador and will maintain a professional demeanor during volunteer shifts for Town events or programming.
Town of Morinville Staff Signature:	Volunteer Signature:
Name of Town of Morinville Staff Member:	Signature of Parent/Guardian: (if volunteer is under 18 years of age)
Date: (yy/mm/dd)	Date: (yy/mm/dd)

Please return completed volunteer form either in person to the Morinville Community Cultural Centre (9502 100 Avenue, Morinville) or via email to community@morinville.ca.

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predictions and may be included in reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville. If you have any questions, please contact an Advisor at the Information Management unit at 780-939-4361.