



**St. Albert Family  
Resource Centre**  
GROWING STRONG TOGETHER

# Volunteer Application Form

Date \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(City) (Postal Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend  
\_\_\_\_\_ Volunteer Centre \_\_\_\_\_ Website \_\_\_\_\_ Social Media

Previous volunteer (or related) experience: \_\_\_\_\_  
\_\_\_\_\_

Educational Background: \_\_\_\_\_

Which areas of volunteering are you most interested in?

\_\_\_\_\_ Special Events \_\_\_\_\_ Fund Development \_\_\_\_\_ Early Childhood Progra  
\_\_\_\_\_ Administration \_\_\_\_\_ Other \_\_\_\_\_ Pre School Teacher's A  
\_\_\_\_\_ Board of Directors/Committee

How many hours per week \_\_\_\_\_ and/or hours per month \_\_\_\_\_ would you be available?

Time Preferred: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings  
\_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

Do you have a car or means of transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide the names and phone numbers of two references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please return this form to St. Albert Family Resource Centre, Volunteer Coordinator  
Suite 10, 215 Carnegie Drive, St. Albert (780)459-7377