



4101 54 Avenue Red Deer, AB T4N 7E3  
 Phone 403-347-2480 Fax: 403-342-4154  
 www.theoutreachcentre.org

General Information				
Last Name:		First Name:		Middle Initial:
Date of Birth (DD/MM/YYYY):				
Address:			City:	
Province:	Postal Code:	Home Phone:		Work Phone:
Email Address:			Preferred contact method:	
Occupation:		Present Employer:		
How did you hear about the volunteer program at The Outreach Centre? (Please check all that apply) <input type="checkbox"/> Called/Drop In <input type="checkbox"/> Poster <input type="checkbox"/> Public Event <input type="checkbox"/> Internet/Website <input type="checkbox"/> Radio Friend/Relative <input type="checkbox"/> other Volunteer <input type="checkbox"/> Community Event				
Is this for Academic Credits? <input type="checkbox"/> Y <input type="checkbox"/> N		Required Number of hours?		
Date to be completed by YYYY/MM/DD)				
Why are you interested in volunteering with The Outreach Centre?				
What would you like to gain from experience as a volunteer?				
Commitment				
What kind of commitment are you able to provide The Outreach Centre? Once a week    Once a month    As often as possible Weekends    Weekdays    Evenings Daytime    Special Events				
Previous Experience				
<i>Volunteer Experience</i>	Organization	Responsibilities	From (YYYY/MM/DD)	To (YYYY/MM/DD)
<i>Employment History</i>	Employer Name	Responsibilities	From (YYYY/MM/DD)	To (YYYY/MM/DD)
Have you previously volunteered with The Outreach Centre?			Have you previously worked with The Outreach Centre?	
REFERENCES				
Do we have permission to contact your references? <input type="checkbox"/> Y <input type="checkbox"/> N				
Please provide names and contact information for three references. Each person will be contacted with a confidential request for reference, which they will need to return asap for the Volunteer Coordinator to review.				
Name (Present Employer/Supervisor):		Name (Previous Volunteer Experience):		
Daytime Phone:		Daytime Phone:		
EMERGENCY INFORMATION				





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Emergency Contact:	
Phone:	Relationship:

**PRIVACY OF INFORMATION**

The Outreach Centre respects the personal privacy of our volunteers. The personal information on the Volunteer Registration form collected by The Outreach Centre is for the purpose of administering The Outreach Centre's volunteer program. As part of our recognition program, we may publish volunteer names in The Outreach Centre publications such as their annual report and recognition releases. This information will not be used for any other purpose without expressed written consent.

Initial \_\_\_\_\_

**\*Applicants under the age of majority must have a parent/guardian fill out the following:**

**I am aware of and support my child/legal dependent's decision to volunteer with The Outreach Centre.**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date D/MM/YYYY

By checking this box, I certify that the information in this form is correct and complete. I give my permission to The Outreach Centre to obtain, if required, a criminal record check and/or drivers abstract. I understand that I will be advised in advance if a criminal record check and/or drivers abstract, or other program specific checks may be required.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date (DD/MM/YYYY)

Please complete and return form electronically or drop off at office  
 Attn: Volunteer Coordinator  
 The Outreach Centre

**Thank you for your interest in volunteering with The Outreach Centre!**

