

# Sanaré Centre Volunteer Form

Date \_\_\_\_\_

## VOLUNTEER INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Preferred Method of Contact

Phone

Email

Age Group of Volunteer

Youth (Will Need Parental Consent)

Adult (18+)

Languages (Check all that apply)

English

French

Other \_\_\_\_\_

Spoken

Written

Would Like To Volunteer As

Individual

Family

Practicum Placement

Corporation

Other \_\_\_\_\_

Why would you like to volunteer at Sanaré Centre? \_\_\_\_\_

What are you hoping to gain from your volunteer experience? \_\_\_\_\_

What is the amount of time you are interested in volunteering? \_\_\_\_\_

Weeks

Months

Years

Please list present and/or previous volunteer experiences: \_\_\_\_\_  
\_\_\_\_\_

List the types of volunteer activities that interest you: \_\_\_\_\_  
 \_\_\_\_\_

What special skills/training would you bring to Sanaré Centre? Check below all that apply:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Answering Phones         | <input type="checkbox"/> Experience with Teens   | <input type="checkbox"/> Technically Inclined |
| <input type="checkbox"/> Arts & Crafts            | <input type="checkbox"/> Experience with Elderly | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Clerical                 | <input type="checkbox"/> Fundraising Experience  | <input type="checkbox"/> PowerPoints          |
| <input type="checkbox"/> Computer Skills          | <input type="checkbox"/> Interpretive Visitation | <input type="checkbox"/> Public Speaking      |
| <input type="checkbox"/> Conducting Presentations | <input type="checkbox"/> Musical Ability         | <input type="checkbox"/> Other : _____        |
| <input type="checkbox"/> Experience with Children | <input type="checkbox"/> Organizational Skills   |   |

Please indicate (✓) your availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Practicum Placement / School Program Volunteer Please Fill Out This Section**

Will you be receiving Academic Credits for volunteer work completed with Sanaré Centre?  Yes  No

How many hours are required for the program? \_\_\_\_\_ hours

When do these Volunteer Hours need to be completed by? Date to be Completed By \_\_\_\_\_

Why would you like to volunteer at Sanaré Centre? \_\_\_\_\_

List any other requirements needed by your program from Sanare Centre for Academic Credits:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list 3 References:

- |             |              |
|-------------|--------------|
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |
| Name: _____ | Phone: _____ |

**Permission to Conduct Reference Check:**

I, \_\_\_\_\_, hereby authorize Sanaré Centre to solicit a personal/familiar/professional reference check from the above mentioned names in connection with this application for a Volunteer position at Sanaré Centre.

Have you accessed S Sanaré Centre services within the past 2 years?  Yes  No

How did you hear about us?

Sanaré Centre Website  TV  Radio  Referred by Friend/Volunteer  Referred by Volunteer Centre  Other \_\_\_\_\_

**Emergency Contact in case of Accident:**

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

**Authorization & Acknowledgement**

I understand as part of the screening process, I will be required to complete an interview, a Police Information Check, Child Intervention Check, and an Oath of Confidentiality.

I declare that the information provided in this application to be true and complete. Incomplete applications will not be considered. I understand that any false information provided may cause for denial of a Volunteer placement or dismissal after placement and my Volunteer status may be immediately revoked by SARC at its own discretion. This information will be used to process my eligibility for a suitable Volunteer position.

I authorize Sanaré Centre to contact individuals or organizations I have named on this application to obtain further information that would assist in my placement as a Volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The personal information collected by this application form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used and disclosed by Sanare Centre for verifying the statements in this application and for determining an appropriate placement as a Volunteer.*

*If you have any questions about Sanaré Centre's Privacy Policies and Practices, please contact the organization at 403-548-2717. You may also write to Sanaré Centre at Unit 2, 36 Strachan Court SE, Medicine Hat, AB, T1B 4R7 or email us at info@sanarecentre.ca*

**Thank you for your interest in our Volunteer program!**