CALGARY CELIAC

Volunteer Application Form

Please complete and return this form electronically, if possible.

The information gathered in this application form will be kept confidential.
The Calgary Celiac Association will only use it to administer its volunteer program.

General Information			
Name (Last, First)	Preferred pronouns ☐ they/them/theirs ☐ she/her/hers ☐ he/him/his ☐ Other (please describe): _____		
Mailing address	City/Town		
Province	Postal code	Email	
Cell phone	Work phone	Home phone	Preferred method of contact
Tell us about yourself			
Tell us about why you want to volunteer with us			

Area(s) of Interest				
☐ Booth ambassador	☐ Presentations, public speaking	☐ Projects, research	☐ Training, facilitation	☐ Clerical, administration
☐ Fundraising	☐ Special events	Other (please specify): _____		

Previous experience
Have you previously volunteered with the Calgary Celiac Association? Yes ☐ No ☐
Have you previously worked for the Calgary Celiac Association? Yes ☐ No ☐
Can you provide a resume? Yes ☐ No ☐ Attached ☐
What training, experience, or qualifications do you have (e.g. accounting, public speaking...)?

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Commitment

☐ Less than 6 months ☐ 6 months to 1 year ☐ Ongoing ☐ Other: _____

Applicants less than 18 years old

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

I am aware of and support my child/legal dependant's decision to volunteer with the Calgary Celiac Association. **I understand** that my child/legal dependant must be accompanied by a parent or guardian when volunteering, unless otherwise permitted by the volunteer program.

_____ _____

Parent/Guardian signature | Date (YYYY-MM-DD)

Parent/Guardian (last name, first name)	Relationship to applicant

Cell phone	Home phone	Email

Emergency Contact Information

Name of contact (Last name, first name)	Relationship to volunteer

Cell phone	Work phone	Other phone

Authorization and Acknowledgement

By signing below:

I certify that the information provided in this application is correct and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be immediately revoked by Calgary Celiac Association at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.

I give my permission to the Calgary Celiac Association to obtain, if required, a criminal record check and/or a driver's abstract. **I understand that** I will be advised in advance if a criminal record check and/or a driver's abstract or other program specific checks may be required.

I authorize the Calgary Celiac Association to contact individuals or organizations I have named on this application to obtain further information that would assist with my placement as a volunteer.

_____ _____

Applicant's signature | Date (YYYY-MM-DD)

Thank you for your interest in our volunteer program!
Email completed forms to: info@calgaryceliac.ca