

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

Volunteer Application Form

Volu	nteer 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 opt out is available at any			collected for Volunteer purposes only. The option to time.	
Emer	gency 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		Sport and	Recreation Programming	
	Town Programs		Seniors Pro		ogramming	
	Eat Well Program			Youth Programming		
Community Hours		Emergenc		Emergency	y Social Services	
	Other:	Internatio		Internation	nal Women's Day Committee	
PLEASE NOTE: A Criminal Records Check may be required dependent on the				e volunteer opportunity		
Please complete the Volunteer Agreement on the reverse side of this form Please list any previous/current volunteer activities:						
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The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Town of Morinville. If you have any questions, please contact the Information Management/FOIP Coordinator for the Town of Morinville at 10125-100 Avenue, Morinville, AB, T8R 1L6 or by calling (780)939-4361.



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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?				

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Please fill out the Volunteer Agreement on the next page.



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v ofunteer Agreement				
AGENCY:	VOLUNTEER:			
The Town of Morinville agrees to make the following commitment to the volunteer:	I agree to serve the Town of Morinville as a volunteer and commit to the following:			
1. We will provide sufficient information, training and assistance for the volunteer to be able to meet the responsibilities of their position.	 I will perform my volunteer roles as assigned to the best of my ability. I will maintain all information obtained at the 			
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.	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.			
3. We will treat our volunteer with respect and dignity.	4. I will adhere to all of the Town of Morinville policies and procedures.			
4. We will keep accurate records of when the volunteer put hours in as well as the roles they had.	5. I agree to represent the Town of Morinville as an ambassador and will maintain a professional demeanor during volunteer shifts			
5. We will provide future work references or letters for schools if requested.	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 r				

Volunteer Agreement

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.

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