



Boys & Girls Clubs  
of Edmonton

# Volunteer Application

Return to Fax 780.426.6216

| Contact Information  |   |
|--|---|
| Name   |   |
| Street Address   |   |
| City/Province/Postal Code  |   |
| Home Phone   |   |
| Work Phone   |   |
| E-mail Address   |   |
| Availability   |   |
| <input type="checkbox"/> Weekday Mornings  | <input type="checkbox"/> Weekend Mornings   |
| <input type="checkbox"/> Weekday Afternoons  | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings  | <input type="checkbox"/> Weekend Evenings   |
| Specific dates or times:   |   |
| Summarize your reasons for wanting to volunteer with our Agency (school practicum, community work etc.)  |   |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, hobbies, sports or other activities  |   |
| Summarize any previous volunteer experience  |   |
| Agreement and Signature  |   |
| By submitting this application, I confirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate removal from responsibilities. |   |
| Name (Printed)   |   |
| Signature  |   |
| Date   |   |