

Calgary Seniors' Resource Society **VOLUNTEER APPLICATION FORM**

Name _____
Last Name *First Name*

Residence
 Address: _____ City/Province: _____ Postal: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Business
 Company Name: _____ Profession: _____

Phone: _____ Email: _____

School (If currently a student)
 School Name: _____ Program you are enrolled in: _____

Experience, Skills, Abilities and Interests

1. Volunteer Experience:

Organization	Position/Duties	Timeline

2. Work Experience:

Organization	Position/Duties	Timeline

3. Professional, business or political associations:

Organization	Purpose

Do you have any experience with seniors? Yes No If yes, please describe: _____

Why do you want to volunteer with seniors? _____

What length of time are you hoping to commit to volunteering with Calgary Seniors' Resource Society:

Special Event (One Time) Short Term (1-6 months) Long Term (1 year+) Other: _____

Please list any hobbies you are involved in: _____

Is there a specific volunteer opportunity you are interested in? _____

(Current volunteer opportunities are posted on our website at www.calgaryseniors.org).

When are you available to volunteer? Days Evenings Weekends

How did you learn about our volunteer program?

Family/Friend Media Posted Advertisement Volunteer Calgary Other: _____

Is there any other information you would like CSRS to know? _____

Personal information provided here will not be used for purposes other than those related to CSRS operated programs or business purposes. Your information will be handled with respect, and will not be sold, given away, or provided to parties outside CSRS without your consent, unless the law requires that it be shared.

Thank you for your interest in volunteering with CSRS!
 Please mail or fax your complete application to:
 3639 – 26 Street NE
 Calgary, Alberta T1Y 5E1
 Phone: (403) 266-6200 Fax: (403) 269-5183

