

VOLUNTEER APPLICATION FORM

Date of Application: Click or tap to enter a date.

Name of Applicant: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

Province: Click or tap here to enter text.

Country: Click or tap here to enter text.

Phone: (C) Click or tap here to enter text. **(H):** Click or tap here to enter text.

Occupation: Click or tap here to enter text.

Preferred Language: Click or tap here to enter text.

Are you legally allowed to volunteer in Canada? Yes No

Volunteer Experience

Have you volunteered before? Yes No

If yes, where: Click or tap here to enter text.

What were your responsibilities? Click or tap here to enter text.

Do you have experience with people with disabilities? Yes No
If yes, please describe: Click or tap here to enter text.

What attracts you to do volunteer work with L'Arche Calgary: Click or tap here to enter text.

How did you hear about L'Arche Calgary?

Volunteer Calgary

Media

Word-of-mouth

Education Facilities

Other: Click or tap here to enter text.

What skills or experience would you like to gain from your volunteer position?
Click or tap here to enter text.

VOLUNTEER OPPORTUNITY CHECKLIST

Listed below are some volunteer opportunities in the L'Arche Calgary Community. Please check off which type of settings you are interested in spending time in:

- 1:1 setting
- Assisting a group
- Leading a group

Other: [Click or tap here to enter text.](#)

What types of activities interest you?

Day Program

- Arts and Crafts activities
- Swimming
- Bowling
- Computer Learning
- Sewing
- Dance
- Music Therapy
- Baking
- Field Trips (e.g., Calgary Zoo, Banff)
- Drama/ theatre acts
- Being a companion to a community
- Other [Click or tap here to enter text.](#)

Supported Independent Living Program

- Cook and have a meal with a community member
- Go shopping with a community member (e.g., grocery shopping)
- Go to Prayer Night with a community member
- Go for a coffee with a community member
- Go for a walk with a community
- Go to a movie with a community member
- Being a companion to a community
- Other [Click or tap here to enter text.](#)

Homes

- Help meal preparation
- House maintenance
- Gardening
- Painting with a community member (e.g., fence, wall)
- Baking with a community member
- Go for a coffee with a community member
- Go for a walk with a community member
- Support a community member with an activity of his/her choices (e.g, movie, coffee, etc.)
- Other [Click or tap here to enter text.](#)

Office/ Board

- Assist with outreach activities (e.g., career fair, presentations)
- Filing
- Editing journal articles
- Board Member
- Serving on a committee (e.g., Policy Committee, Outreach

Availability

When are you able to volunteer? (Please check off and specify times)

- | | | | | |
|--------------------------------|----------------------------------|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Tues | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Wed | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Thurs | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Fri | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Sat | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |
| <input type="checkbox"/> Sun | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | Click or tap here to enter text. |

Comments: [Click or tap here to enter text.](#)

Reference: Please fill out the attached reference form.

Is there anything else you would like us to know regarding your application?

[Click or tap here to enter text.](#)

I hereby authorize L'Arche Calgary to follow up on all information disclosed in this application form and I confirm that all the information is true and complete.

Signature:

Date: [Click or tap to enter a date.](#)