



## Personal Information

FULL NAME: \_\_\_\_\_  
First Last

PRONOUN (OPTIONAL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ City Province Postal Code

PHONE NUMBER(S): \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? YES  NO

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? YES  NO

IF YES, PLEASE SPECIFY: \_\_\_\_\_

HAVE YOU BEEN CHARGED WITH OR CONVICTED OF AN OFFENCE IN THE LAST 5 YEARS FOR WHICH YOU HAVE NOT BEEN PARDONED? YES  NO

## Emergency Contact

FULL NAME: \_\_\_\_\_  
First Last

PHONE NUMBER(S) \_\_\_\_\_

## Area of Interest

WHAT POSITION ARE YOU APPLYING FOR, IF KNOWN? \_\_\_\_\_

WHAT AREAS ARE YOU INTERESTED IN? PLEASE CHECK ALL THAT APPLY.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Advocacy           | <input type="checkbox"/> Outreach       | <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Special Events      |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising (Edmonton) | <input type="checkbox"/> Advocacy (Edmonton) |

**WHY ARE YOU INTERESTED IN VOLUNTEERING WITH OPEN ARMS?**

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**Commitment**

**CHECK ONLY ONE**

One-time     Less than 6 months     1 year     Ongoing

**References**

**NAME:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**Authorization**

**WOULD YOU LIKE TO SIGN UP TO RECEVE OUR NEWSLETTER BY EMAIL? YES  NO**

I, \_\_\_\_\_, hereby certify that all information included in this application is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or immediate dismissal following volunteer placement. I acknowledge that all information provided in this application or ascertained through the screening process will be used solely for the purpose of the volunteer's position at Open Arms and will not be shared with other organizations or outside parties.

I authorize Open Arms to solicit reference checks in connection with my application for volunteering at Open Arms Patient Advocacy. I authorize the above named referees to provide references in connection with my application for volunteering at Open Arms. I release Open Arms and all others from liability in connection with the verification of this information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_