



Chappelle Gardens Residents Association Volunteer Opportunities

Thank you for expressing interest in volunteering with the Chappelle Gardens Residents Association. We are delighted to have you join the team! Please complete the following information, to better assist us, in placing you in a variety of volunteer opportunities.

Completed forms can be faxed to 780-705-1815, emailed to programs@chappellegardensra.ca or returned to our main office in the Social House.

Name: _____ Age: (must be 14+) _____

Address: _____

Home Phone: _____ Cell Phone: _____

Allergies: _____

Medical Concerns: _____

Emergency Contact: _____ Phone #: _____

Available Volunteer Opportunities:

Please indicate by marking below what dates and times would best suit your availability.

From: _____ Until: _____

mm/dd/yy

mm/dd/yy

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-12pm							
12pm-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							



SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications you have gained from employment, previous volunteer experience or through other activities including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

I am aware that it is a condition of volunteering in any recreational activity, event or program by or on behalf of the Chappelle Gardens Residents Association that a volunteer does so at his/her sole risk and the Chappelle Gardens Residents Association is not liable for any loss, damage, injury, or ambulance services resulting for such participation. I affirm that the facts set forth in this application are true and complete. I understand that if accepted as a volunteer, any false statements, omissions, or other misrepresentations may result in my immediate dismissal.

Signature of Volunteer

Signature of Parent

(if participant is under 18, must be signed by a parent or legal guardian)

*** We may require you to complete a police check prior to volunteering.**