



# Volunteer Application

**Police Information Checks may be required.** If you are unwilling to provide us with the information necessary to complete a Police Security Clearance Check, we cannot provide you with an opportunity to volunteer with the City of Leduc.

*\* Please print clearly*

## Personal Information

Date of Submission: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

*\*In case of accident or illness, please notify the following individual.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Medi-Alerts: \_\_\_\_\_

## Interests

Type of Position:  Special Event  Meals on Wheels  Community Hours

(check all that  Senior's Services  Youth Services  School Event

apply)  Sports & Recreation  Gardening & Horticulture  Board of Directors

Educational (Tutor, ESL)  Culture & Crafts - Arts, Heritage, Library, Theater etc.

Victim Services / Justice  Practicum/Intern - High School or College/University

Other: \_\_\_\_\_

## Special Skills & Abilities

*\* E.g. First Aid, fitness training, languages spoken, etc.*

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## Two References

*\* Not family or close friends*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Email Consent

As of July 1, 2014, Canada's Anti-Spam Legislation (CASL) came into effect. The legislation requires that "Volunteer Leduc" obtain your consent prior to sending you Commercial Electronic Messages (CEMs). These may include, but are not limited to: newsletters and special event information.

\*\*Please indicate whether you would like to receive electronic communications in the future by placing a check mark in the appropriate box

Yes  No

## Affirmation of Truthful Information

*\* Please read carefully and sign.* By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate. I authorize the City of Leduc to obtain references from the individuals listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature can be typed for an online application. An official signature will be requested at a later date.

### **Parent/Legal Guardian Consent for Those Under 18 Years of Age**

I am aware of and agree with my child volunteering with the City of Leduc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature can be typed for an online application. An official signature will be requested at a later date.

**Please drop off, mail or email completed application to:  
Community Development & Culture, Attn: Community & Volunteer Coordinator,  
City of Leduc, #1 Alexandra Park, Leduc, Alberta, T9E 4C4.**

The personal information requested on this form is being collected to determine whether an applicant is qualified for appointment to a volunteer position with the City of Leduc in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIPP). Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177 at #1 Alexandra Park, Leduc, AB, T9E 4C4.

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

July 2014  
2009CS-050R2