



Boys & Girls Clubs  
of Edmonton

# Volunteer Application

Return to Fax 780.426.6216

Contact Information	
Name	
Street Address	
City/Province/Postal Code	
Home Phone	
Work Phone	
E-mail Address	
Availability	
<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekend Mornings
<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekend Afternoons
<input type="checkbox"/> Weekday Evenings	<input type="checkbox"/> Weekend Evenings
Specific dates or times:	
Summarize your reasons for wanting to volunteer with our Agency (school practicum, community work etc.)	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, hobbies, sports or other activities	
Summarize any previous volunteer experience	
Agreement and Signature	
By submitting this application, I confirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate removal from responsibilities.	
Name (Printed)	
Signature	
Date	