



VOLUNTEER APPLICATION

Once you have completed this application, please submit it to the Special Events and Volunteer Coordinator using one of the following methods; email to jschreiner@johnhoward.org fax to 780.425.1699, or mail to the address listed in the above right hand corner.

NAME: (last)		(first)	(middle, no initials please)	
ADDRESS:		CITY:	POSTAL CODE:	
PHONE: (H):		(W):	(C):	Email:
In case of emergency contact:				
NAME:		PHONE:	RELATIONSHIP TO YOU:	
ADDRESS:				

EDUCATION AND EMPLOYMENT: Please submit a current resume with this application

A. PREVIOUS VOLUNTEER EXPERIENCE: Please list the organizations you have volunteered with, when you began, and when you left.
1. ORGANIZATION: DATE:
POSITION AND RESPONSIBILITIES:
2. ORGANIZATION: DATE:
POSITION AND RESPONSIBILITIES:
3. ORGANIZATION: DATE:
POSITION AND RESPONSIBILITIES:
B. What volunteer position(s) are you interested in?
C. What special skills, interests or hobbies do you have?
D. If you are applying for a tutoring position, please list the subjects that you are strong in and which grade levels you would feel comfortable tutoring.
E. When are you available to volunteer? (Please check all that apply)
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings

F. How many hours per week are you able to volunteer?
G. We request a minimum commitment of one year. Is there any reason that you would be unable to meet this minimum commitment?
H. Do you speak any language(s) other than English? If so please specify.
I. If you have special needs we should be aware of, please specify.

References Please provide the names of three references who have known you for at least one year (no immediate family members please): one professional, one personal, and one volunteer, with weekday phone numbers.		
Professional		
Name:	Organization:	Position:
Phone:	Alternate phone:	Email Address:
Personal		
Name:	Organization:	Position:
Phone:	Alternate phone:	Email Address:
Volunteer		
Name:	Organization:	Position:
Phone:	Alternate phone:	Email Address:
Are these individuals aware that you have listed them as references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
We would like to publish volunteer names in our newsletter and Annual General Report. Would you agree to this? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand Edmonton John Howard Society will be conducting a criminal record check and will be contacting the references I have given.	
Name:	Date:

Please note that all applicants must pass Edmonton John Howard Society's screening and application processes in order to volunteer. By submitting this application, you are not guaranteed a volunteer role.