



VOLUNTEER APPLICATION FORM

Please submit your application form to:
 Phone #: (780) 423-5516 Fax #: (780) 429-1090 Email: office@adeara.ca

PERSONAL INFORMATION	
Name	
Address	
City/Province	
Postal Code	
Email	
Phone (cell or home)	
Gender	
Emergency Contact Name & Relationship	
Emergency Contact Number	

OPPORTUNITY	CHECK IF INTERESTED	INDICATE TIME/DAYS AVAILABLE
1. Sunday Morning Volunteer Driver (EDC Van)		Sundays 9:00am-1:00pm
2. Morning Exercise/Walk Volunteer		8:30 -9 am
3. Mentoring With A Long Term Resident		
4. Research Assistant to the CEO		
5. Donations Delivery		Thursdays 8:30am-9:30am
6. Childcare While Mothers Are In Class		6-7pm
7. Special Events Volunteers		
8. Photographer		
9. Office Support		9 am- 12pm

I am available to volunteer:

- Weekly
 Bi-Weekly
 Monthly
 Casual (when needed)

Why are you interested in volunteering at the Adeara Recovery Centre?

What education/skills/experience do you have that would enhance your volunteer work at the Adeara Recovery Centre?

EMPLOYMENT / VOLUNTEER HISTORY

Name of Organization	Role	Duties	Length of Employment/Volunteer



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EDUCATIONAL HISTORY

Institution	Degree/Diploma /Certificate	City/Province	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONFIDENTIAL HISTORY

Have you been:

- Arrested or convicted ? Yes No
- Through treatment for addictive use? Yes No

If you have answered yes to any of the above questions, please explain the situation:

Have you had any experience in your life that has better equipped you or may hinder you from a productive volunteer role with women in crisis?

REFERENCES

Character Reference

_____	_____	_____	_____
<i>First & Last Name</i>	<i>Relationship</i>	<i>Email</i>	<i>Phone Number(s)</i>

Work/Volunteer Reference

_____	_____	_____	_____	_____
<i>First & Last Name</i>	<i>Organization</i>	<i>Relationship</i>	<i>Email</i>	<i>Phone Number(s)</i>

Work/Volunteer Reference

_____	_____	_____	_____	_____
<i>First & Last Name</i>	<i>Organization</i>	<i>Relationship</i>	<i>Email</i>	<i>Phone Number(s)</i>

All information collected is considered confidential and will be handled accordingly. Once Hired as a Volunteer, You must get a Criminal Record Check with a Vulnerable Persons sector Check done. If working with the Children you will have to take the Plan to Protect on line webinar on your own time.

WAIVER

I hereby give the Adeara Recovery Centre permission to contact persons named as references to ascertain my suitability to volunteer. I waive the right to confidentiality and release all references from liability for relaying vulnerable information to Adeara Recovery Centre personnel. I hereby acknowledge that, to the best of my knowledge, the information contained in this application for volunteer ministry is true and correct.

Date: _____ Signature: _____