



# VOLUNTEER APPLICATION FORM

Please submit your application form to:

Phone #: (780) 423-5516 Fax #: (780) 429-1090 Email: [marissa@adeara.ca](mailto:marissa@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
Childcare		Monday-Thursday evenings from 6-7pm
Class Facilitator		
Career Mentor		
Disciple Mentor		
Devotional Leader		Monday- Friday mornings from 9:15-10am
Driver		
Event Support		
Life Skills Support		
Medical Professional		

I am available to volunteer:

- Weekly       Bi-Weekly       Monthly       Casual (when needed)

Why are you interested in volunteering at Adeara Recovery Centre?

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

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## EMPLOYMENT / VOLUNTEER HISTORY

Name of Organization	Role	Duties	Length of Employment/Volunteer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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

\_\_\_\_\_  
*First & Last Name*      *Relationship*      *Email*      *Phone Number(s)*

Work/Volunteer Reference

\_\_\_\_\_  
*First & Last Name*      *Organization*      *Relationship*      *Email*      *Phone Number(s)*

Work/Volunteer Reference

\_\_\_\_\_  
*First & Last Name*      *Organization*      *Relationship*      *Email*      *Phone Number(s)*

**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.**



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## WAIVER

I hereby give 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: \_\_\_\_\_

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