



Amyotrophic Lateral Sclerosis
Society of Alberta



Thank you for deciding to volunteer your time to the ALS Society of Alberta!
Your valuable volunteer effort will help us realize our mission to make
"everyday the best possible day for people with ALS..."

You are welcome to attach your resume to this application.

Mr./Ms./Mrs./Miss Name _____ Date _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

E-mail Address _____ Date of Birth (mm/dd/yy) _____

I prefer to be contacted by: Phone during Days _____ Phone during Evenings _____ Email _____

Occupation (optional) _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience*:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Phone (home): _____ Phone (work): _____

*If you require more space, please attach additional pages to this form.



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Reference #1: Name _____
Relationship _____ Phone Number: _____

Reference #2: Name _____
Relationship _____ Phone Number: _____

Please indicate when you will typically be available to volunteer:

Mornings: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___
Afternoons: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___
Evenings: M ___ T ___ W ___ Th ___ F ___ Sa ___ Su ___

What type of opportunity are you looking for?

One time opportunity _____ Short-term opportunity _____ Long-term opportunity _____

Please indicate all of the areas in which you are interested in volunteering. (*There will be other volunteering opportunities that are not listed below. Please contact a Volunteer Coordinator to learn more.*):

- _____ Researching helpful services that clients may wish to access
- _____ Administrative Assistant (filing, word processing, answering phones, etc.)
- _____ Special events
- _____ Board of Directors
- _____ Data Entry
- _____ Translating information into other languages
If checked, what languages are you fluent in? _____
- _____ Hosting information booths
- _____ Develop fund proposals for the "Support for Champions - An ALS fund for Kids" program
- _____ Writing Public Service Announcements, media pieces
- _____ Newsletter Assistant
- _____ Volunteer recognition program/tracking volunteer hours
- _____ Scrapbooking for special events
- _____ Other (please specify) _____

Please note: Many volunteer assignments require a police background check be conducted.

Please return this completed form to the ALS Society of Alberta. If you are interested in volunteering with the North Region office located in Edmonton, your options are:

1) Mail to 410,11456 - Jasper Avenue, Edmonton, AB T5K 0M1 2) Email to phyllis@alsab.ca 3) Fax to 780-486-3604 to the attention of the Volunteer Coordinator 4) Direct any phone inquiries to Phyllis at 780-487-0754 or toll free at 1-866-447-0754

If you are interested in volunteering with the Provincial main office located in Calgary or remotely from elsewhere in the province, your options are:

1) Mail to Suite 400, 320 - 23rd Ave SW Calgary, AB T2S 0J2 2) Email to info@alsab.ca 3) Fax to 403-228-3857 to the attention of the Volunteer Coordinator 4) Direct any phone inquiries to the Volunteer Coordinator at 403-228-3857 or toll free at 1-888-309-1111



**AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF ALBERTA
CONFIDENTIALITY STATEMENT**

I give my assurance that I will not disclose, publish or release to any person through any medium including direct communication with any individual, group or organization any information obtained from or concerning any persons or person living with ALS, their families and caregivers, the **AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF ALBERTA** and its affiliates without the written consent of that person or affiliate and that the privacy of all these persons, individuals and corporate, will be respected.

I agree to indemnify and hold harmless the **AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF ALBERTA** and affiliates from any and all damages resulting from my breach of this policy and requirements on confidentiality of records and information.

**AMYOTROPHIC LATERAL SCLEROSIS SOCIETY OF ALBERTA
CONFIDENTIALITY AGREEMENT**

I, _____, have read and understand the Society Confidentiality Agreement.

I agree to conduct myself accordingly in regard to all persons' living with ALS, their caregivers', their Society's and its associates' and supporters' respective personal and business information.

Signed: _____

Date: _____