

**Thank you for your interest in the ALS Society of Alberta!** **Your valuable volunteer effort will help us to achieve our mission of making *“each day the best***

***possible day for people with ALS”***

**Mr/Ms/Mrs/Miss/Dr Name:**

**Address:**

**City:**

**Province:**

**Postal Code:**

**Home Phone Number:** ( \_)

**Cell Number:** ( )

***Consent to receive Emails***

The ALS Society of Alberta respects privacy and adheres to all legislative requirements with respect to protection of privacy. The ALS Society of Alberta does not rent, sell or trade contact lists. Personal information is used only to deliver services, inform you of Society activities including programs, services, special events, funding needs, and volunteer and donor opportunities. If you wish to be removed from any ALS Society lists please use the  **Unsubscribe** link at the bottom of every email.

☐**Yes, I do consent.** ☐**No, I do not consent.**

**Email Address:**

**Preferred method of contact:**

Home Phone Cell Phone Email

**Date of Birth (If over the age of 18, year is optional)**: / /

mm dd yyyy

**Work Status:**

Full‐time Part‐time Home maker

Self‐employed Student Retired

Unemployed

**Skills and Experience:**

First Aid/CPR Special Events Board of Directors Administrative/Office

Data Entry Photography Film

Food Service

Desktop Publishing

Graphic Design Writing

Hosting

Information booth

Other: (specify)

**How did you find out about us?**

Newspaper/TV/Radio

Poster/Brochure/Flyer

Friend/Family member is a volunteer Friend/Family member is/was a client ALS Display Booth

School Website Event

Other (specify):

**What type of Volunteer opportunities are you interested in? (Check all that apply)**

Administrative/Office Support

Board Member Display Booth Host Betty’s Run

Casinos

Golf Tournaments

Walks for ALS

Other Special Events Newsletter Assistant Other (specify):

**When would you typically be able to volunteer?**

Please note: Most volunteer opportunities with the ALS Society of Alberta do not happen on a consistent time frame. By indicating your typical availability you will be contacted only for opportunities that occur when you have indicated you are available.

**Mornings: M**  **T**  **W**  **Th**  **F**  **Sa**  **Su**

**Afternoons: M**  **T**  **W**  **Th**  **F**  **Sa**  **Su**

**Evenings: M**  **T**  **W**  **Th**  **F**  **Sa**  **Su**

**Health Information**

Please list any health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a volunteer placement.

**Previous Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| **Agency/Institution:** | **From:** | **To:** |
| **Position** | | |

|  |  |  |
| --- | --- | --- |
| **Agency/Institution:** | **From:** | **To:** |
| **Position** | | |

**Emergency Contact**

**Name: Relationship: Contact Number:**

**References**

Please list two people other than relatives who would be willing to supply a character reference –

past or present employers, volunteer administrators, teachers, etc.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Contact Number:** |
| **Name:** | **Relationship:** | **Contact Number:** |

Once your application is completed, please send to:

**Provincial Office (Calgary), or elsewhere in the Province:**

st

1. Mail to 7874 10 Street NE

2. Email to [info@alsab.ca](mailto:info@alsab.ca)

Calgary, AB T2E 8W1

3. Fax to 403‐228‐7752 to the attention of the Volunteer Coordinator.

Phone inquiries for the Provincial Office can be directed to 403‐228‐3857 or toll

free at 1‐888‐309‐1111.

**Edmonton Office:**

1. Mail to 5418 97 Street NW, Edmonton AB T6E 5C1

2. Email to [societynorth@alsab.ca](mailto:societynorth@alsab.ca)

3. Fax to 780‐486‐3604 to the attention of the Volunteer Coordinator.

Phone inquiries for the Edmonton Office can be directed to 780‐487‐0754 or toll free at   
1‐866‐447‐0754.

***Please Note:***

 Volunteer positions require the completion of a Police background check.

 Some volunteer positions may require more information on your professional background. If

a copy of your resume is required you will be contacted by the Volunteer Coordinator.

3