

HERITAGE COMMUNITY ASSOCIATION VOLUNTEER APPLICATION

-PLEASE PRINT-

CONTACT INFORMATION

Name _____

Address _____
Number Street City Postal Code

Mailing Address _____
(If different from above)

Preferred method of contact:

Phone _____ Cell _____

Fax _____ E-mail _____

Work place _____

Work or job description _____

Bus. Phone _____ Bus. Fax _____

Can we call you at work? Yes _____ No _____

VOLUNTEER INFORMATION

A. PREFERRED TIME

Time of year: _____
(Example: winter or July and August or any time)

Day of week: _____
(Example: Tuesday and Thursday or Monday only or any time)

Time of day: _____
(Example: mornings or 4:00pm to 6:00pm)

Event or Program specific: _____
(Example: Celebration in the Park or Creativity and Culture)

Work at home on own time _____

B. PROGRAM AREA(S) OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Creativity and Culture | <input type="checkbox"/> Celebration in the Park |
| <input type="checkbox"/> Glitter & Glitz | <input type="checkbox"/> CPTED |
| <input type="checkbox"/> After school sports | <input type="checkbox"/> Volunteer Home Inspection Program |
| <input type="checkbox"/> On the Move | <input type="checkbox"/> Volunteer Income Tax Program |
| <input type="checkbox"/> Community Newsletter | <input type="checkbox"/> Governance Board and Committees |
| <input type="checkbox"/> Community Switchboard | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Annual Community Cleanup | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Gardens | |
| <input type="checkbox"/> Tree banding | |
| <input type="checkbox"/> Art Park | |

C. PERSONAL SKILLS

Use the following scale to rate yourself on the activities that interest you:

- | | |
|--|---|
| <input type="checkbox"/> 0 – no interest | <input type="checkbox"/> 2 – some skill, interested |
| <input type="checkbox"/> 1 – no skill but interested | <input type="checkbox"/> 3 – skilled, interested |

ACTIVITY	Self Rating	ACTIVITY	Self Rating
Office Cleaning	_____	Teaching	_____
Cooking	_____	(adults, children, teenagers)	
Organizing Activities	_____	Coaching Sports/Recreation	_____
Computers	_____	Mechanical	_____
Crafts	_____	Other (specify)	_____
Fine Arts	_____	_____	_____
Fundraising	_____	_____	_____
Handyman	_____	_____	_____

D. VOLUNTEER EXPERIENCE

1. Organization: _____
- Phone Number: _____ Contact Name: _____
- Volunteer Duties: _____
- How long? _____

2. Organization: _____

Phone Number: _____ Contact Name: _____

Volunteer Duties: _____

How long? _____

3. Organization: _____

Phone Number: _____ Contact Name: _____

Volunteer Duties: _____

How long? _____

AGREEMENT TO CRIMINAL RECORD CHECK

Must be read and signed by ALL persons applying for volunteer positions with Heritage Community Association which involve:

- working with at risk individuals (e.g. children, seniors, disabled, etc.)
- sitting on the Board of Directors
- handling Heritage Community Association money

I will provide a criminal record check to Heritage Community Association before my application to volunteer will be accepted.

Print Name _____

Signature _____ Date _____

Date Criminal Record Check Received: _____

Office Use Only:

file number of Criminal Record Check provided _____

-- WAIVER OF LIABILITY --

Must be read and signed by ALL persons intending to do volunteer work for Heritage Community Association.

I understand that Heritage Community Association is not liable for any injuries or illness my dependent(s) or I may suffer. I expressly waive any such claim for compensation or liability beyond what may be freely offered by the representative of Heritage Community Association in the event of death, injury or medical expense.

Print Name _____

Signature _____ Date _____

If under 18 years:

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

RETURN COMPLETED FORM TO:

Leila Francis, Executive Director
Heritage Community Association
Telephone: (306) 757-9952
Fax: (306) 757-6565
Email: lfrancis.heritage@sasktel.net