

The information on this form will help us to find the most satisfying volunteer opportunity for you.

Rev.03.06

Please complete and return to the YWCA of Calgary, 320 – 5 Avenue SE Calgary, AB T2G 0E5 or fax to 263-4681

Name: _____ Contact Numbers: _____ Date: _____

Address: _____ Postal Code: _____

Emergency Contact Information: _____ EMail: _____

Are You a Member of the YWCA? Yes No

The YWCA encourages volunteers to show their commitment to the YWCA of Calgary through purchasing a membership.

A \$10 membership provides the right to attend and vote at the Annual General Meeting and you receive two Fitness on 5th passes.

1. Work Experience

Current Employer: _____ Position: _____

2. Volunteer Experience: _____

3. Qualifications / Education: _____

4. Languages:

Spoken, other than English: _____ Written, other than English: _____ Read, other than English: _____

5. What Volunteer Positions or Skill Group Are You Interested in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Fitness on 5th | <input type="checkbox"/> Donations | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Committee Projects | <input type="checkbox"/> Family Violence Prevention |
| <input type="checkbox"/> Other (Please specify) _____ | | |

6. Availability:

Number of days: _____ Evenings: _____ Weekends: _____

Number of hours per week: _____ Length of Commitment: _____

7. Do You Have a Driver's License? Yes No Do You Have a Car? Yes No

8. References (3 People): _____

9. Other Information You Wish to Inform Us of: _____

Signature: _____

Date: _____