St. Albert Community Information and Volunteer Centre
Agency Request for Volunteers

Date:		Date received (CIVC use):
Agency Name:		
Address:		Phone:
City:	Postal Code:	Fax:
Contact Name:	Position:	E-Mail:

POSITION INFORMATION

Volunteer Job Title:

Describe the volunteer assistance you require (please be specific or include a volunteer assignment description):

_____

_____

_____

_____

Skills, qualifications, restrictions or specific points to be highlighted:

_____

_____

_____

_____

Where will the volunteer job be located?

What training and orientation will be provided?

Is a police records check required? ❑ Yes ❑ No

Minimum age: Number of volunteers required: Vehicle required: ❑ Yes ❑ No

TIME COMMITMENT

Frequency of volunteer commitment: ❑ Weekly ❑ Monthly ❑ Flexible

❑ One time event ➔Date:

❑ Short term project ➔Start Date: ➔End Date:

❑ Long term/ongoing

SPECIFIC TIMES AND DAYS REQUIRED*:*

DAY(S)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME(S)							