



Located at: 200, 501 Festival Avenue, Sherwood Park
Office Hours: 8:00 AM – 9:00 PM Monday to Thursday and
8:00 AM – 4:30 PM Fridays and in July / August

Volunteer Application Form

Name: _____ Adult _____ Youth _____

Telephone: Res: _____ Bus: _____ Cell: _____

Address: _____

Postal Code: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____

Telephone: Res: _____ Bus: _____ Cell: _____

Being a non-profit society, there are several tasks that require the help of our volunteers. Please indicate from 1 to 5, the areas that you are most interested in and prepared to assist in:

- | | |
|-----------------------------|---------------------------|
| Case Building _____ | Mediation _____ |
| Phone Calls/Admin _____ | Special Events _____ |
| Training/Facilitation _____ | Fund Raising/Casino _____ |
| Board of Directors _____ | Public Awareness _____ |

Do you have a preference in the age group that you work with? If so, please specify.

Children _____ Youth _____ Adults _____ Elderly _____

What type of skills or experience do you hope to gain in your volunteer work with SCCM?

Are you available for volunteer work: Regularly _____ or Occasionally _____

How many hours per week (on average) can you volunteer with SCCM? _____

Preferred day(s) and hours? Daytime _____ Evening _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____



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Date you are available to start volunteering with us _____

Languages spoken _____

The following information will help us to find the most satisfying and appropriate volunteer assignment for you. Are you presently:

a) employed? Yes___ No___ Full time___ Part time___ Type of Work _____

b) a student? Yes___ No ___ Full time___ Part time___ Field of Study _____

Related past work experience: _____

Have you had any Mediation training? _____ What training? _____
(please provide a copy of relevant training certificates)

What kind of experience do you have in providing Mediation?

What other skills or work do you feel are transferable to this area or that will be helpful to you as a volunteer with SCCM?

Please tell us about any board or steering committee experience that you have:

Have you ever done any fundraising? _____ If yes, please tell us about it:



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Please tell us about your volunteer experience:

Comments or additional information that you would like us to know about you:

I give my consent to the Strathcona County Community Mediation Society (SCCM) to contact the following references:

Name: _____ Adult ____ Youth ____

Telephone: Res: _____ Bus: _____ Cell: _____

Address: _____

Postal Code: _____

E-mail Address: _____

Name: _____ Adult ____ Youth ____

Telephone: Res: _____ Bus: _____ Cell: _____

Address: _____

Postal Code: _____

E-mail Address: _____

I agree to sign an Oath of Confidentiality and complete a Criminal Records Check along with a Vulnerable Sector Check in the pursuit of my duties as a volunteer on the Strathcona County Community Mediation. I agree to abide by the Strathcona County Community Mediation Code of Practice and Mission, Vision and Values.

Signature

Date