



Maclab Volunteer Application Form

1 PERSONAL INFORMATION

First Name:		Last Name:	
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Address:	
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City:		Province:		Postal Code:	
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Cell Phone:		Home Phone:	
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Email:	
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2 AVAILABILITY

Mark off those that apply:

Weekdays (Mon. - Fri.)	<input type="checkbox"/>	Evenings	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Any time	<input type="checkbox"/>	Other, please specify:	<input type="checkbox"/>

3 SPECIAL SKILLS, EXPERIENCE AND INTEREST

Check off the box if you have the following:

Proserve certificate

First Aid certificate

My skills and interests are:

My previous volunteer experience:



I want to volunteer because:

Parent / Guardian Consent Form for youth under the age of 18
 With my signature I declare that I am aware of and consent to my child volunteering with the Maclab Centre for the Performing Arts.

 Signature

 Date

4 MEDICAL INFORMATION

Do you have any medical conditions the Maclab Centre should be aware of? Yes No

If yes, please explain:

5 EMERGENCY CONTACT

In the event of an emergency, please notify:

Name:			Relationship:		
Home Phone:		Cell Phone:		Work Phone:	

Police Information Checks may be required for those over the age of 18, upon selection. If you are unwilling to provide us with the information necessary to complete a Police Security Clearance Check, we cannot provide you with an opportunity to volunteer.

By my signature, I affirm that the information on this application is true and to the best of my knowledge.

Signature: _____ Date: _____

Please email completed application to: maclabcentre@leduc.ca or mail/drop off at: **Maclab Centre for the Performing Arts, Attn: Patron Services Administrator, 4308 - 50th Street, Leduc, Alberta, T9E 6K8**

Your personal information is collected in accordance with section 33 (c) of the Freedom of Information and Protection of Privacy Act (FOIP) and is protected by FOIP. It will be used for the purposes of determining eligibility for Maclab volunteer placements and administration/management of the Maclab volunteer program. If you have any questions about the collection and use of your information, contact the FOIP Coordinator's office at 780.980.7177 or at #1 Alexandra Park, Leduc, Alberta T9E 4C4.