



Grande Prairie and District Grief Support Association
10031 103 Ave, Grande Prairie, AB, T8V 1B9
Phone: 780-876-0101
Email: information@gpgriefsupport.org
Website: www.gpgriefsupport.com

VOLUNTEER APPLICATION FORM

GENERAL INFORMATION:

1. Full Name:

First	Middle	Last
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2. Home Address:

Street	City/Town	Postal Code
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3. Home Phone: _____ Work Phone: _____ Cell: _____

4. Are you over the age of 18? Yes / No

5. Do you drive? Yes / No

EMPLOYMENT INFORMATION:

6. Are you currently employed? Yes / No Occupation: _____

7. How long have you held your current job? _____

8. Name of Company: _____

9. Position: _____ Supervisor: _____

EDUCATION:

10. What is your highest level of education? _____

11. Are you currently a student? Yes / No If yes, describe: _____

PROGRAM OF INTEREST:

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12. Please select which programs you are interested in.

Camp Heal-A-Heart - a recreational and therapeutic camp focusing on identifying feelings, self-esteem enhancement, and developing coping skills.

Day Camp (ages 5-9)

Follow Up Program - held bi-weekly throughout the year to maintain and strengthen relationships built between program participants and volunteers.

Circle of Life - a program where participants are involved in open discussion and psychoeducational activities. This program focuses on identifying feelings, self-esteem enhancement, and improving coping skills. (6 sessions spread over three weeks, Monday-Friday)

Please describe your availability: _____

SPECIAL TRAINING:

13. Please list any special courses/skills/interests/hobbies you have that may apply to your program(s) of interest.

14. Please list any other agencies you've volunteered with and in what capacity.

15. Have you ever been terminated or been asked to resign from a volunteer position? If so, please explain.

OTHER:

16. Describe the strengths you will bring to this program.

17. Do you have any physical limitations which might affect your ability to perform your duties? Yes / No If yes, please describe:

18. Please tell us why you wish to volunteer for this program.

REFERENCES:

Reference #1: _____
Name Phone Number

Reference #2: _____
Name Phone Number

The following questions are asked of you as there are certain criminal offenses which may not allow you to participate in certain areas of volunteering.

19. Have you ever been charged with a criminal offense? Yes / No

20. Have you ever been convicted of a criminal offense? Yes / No

The above information is accurate and correct to the best of my knowledge. I understand that any false information I have provided above will result in the rejection of my application and that any information provided may be verified prior to being accepted into the program.

Signature: _____ Date: _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.