



## 2023 Volunteer Application Form

volunteer.afols@gmail.com

PO Box 10353 Airdrie, AB T4A 0H6

### Are You A Returning Volunteer

Group \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

By providing your email address, you consent to receiving ongoing communications from AFOLS such as upcoming events, work bees, newsletters, available shifts, etc. You may unsubscribe at any time.

### Emergency Contact - Required to Participate

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Available Volunteer Positions - Check All That Apply Or Leave Blank if No Preference

Train Station Sales

Train Driver

Santa's Gift Shop

Floater

Mascot/Donations

Train Assistant

Concession

Fire Pits

Parking Attendant

Set up/Take Down

### Please answer the Following Questions

Yes No

Any concerns that would prevent you from taking an outside position?

Any special skills or training?

Do you have a valid driver's license?

Are you fluent in any other language? Please list:

List Any Previous Volunteer Experience?

### New Volunteers - Please Provide One Reference Not Related to You

Fundraising or Corporate Volunteer Groups - Please List your Group's Main Contact Person

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of Time: \_\_\_\_\_

## Authorization and Consent for ALL Volunteers (Required Every Year)

**I understand the need for the Airdrie Festival of Lights Society (AFOLS) to carefully screen all volunteer applicants, including board members.**

- I have completed and reviewed this entire form, and attest that the information I have provided is true.
- I agree and acknowledge that the AFOLS will contact the individuals I have given as references, and will verify the accuracy of all information I have provided.
- I understand that a condition of acceptance for any volunteer role, with the AFOLS is that I complete a RCMP Criminal Record and Vulnerable Sector Check.
- I understand that any false information I have given, or any incident recorded on my RCMP Criminal Record and/or Vulnerable Sector check may result in my being rejected for any volunteer role with the AFOLS.
- I understand that the AFOLS has the right to deny any individual as a volunteer for the AFOLS, and reserves the right to have a RCMP Criminal Record and/or Vulnerable Sector Check conducted again at any given time during s volunteer's service with the Society.

**Initial:** \_\_\_\_\_

### Photo Release

In consideration of the acceptance of my application to participate as a volunteer for the AFOLS, I authorize and give full permission to the AFOLS for use of my name and photograph, still or video in connection with my volunteer activities and I consent to the use of such material or its reproduction in any manner and by any medium which the AFOLS deems appropriate.

**Initial:** \_\_\_\_\_

### Statement of Confidentiality

- Volunteers will agree to keep all matters relating to the work of the AFOLS completely confidential and not to disclose or use such information without the consent of the President.
- I do willingly promise to abide by the policies of the AFOLS Volunteer Program and to hold in confidence all matters that comes to my attention in the line of duty at the AFOLS, including information from and about other volunteers.
- I will respect the privacy of the people whom I serve and discuss any problems I have with my commitment appropriately with those designated as my superiors.

**Initial:** \_\_\_\_\_

**I have read this authorization and consent statement fully, and understand its cont**

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Signature if Applicant is Under 18 Years of Age: \_\_\_\_\_

(Print Name) \_\_\_\_\_