



Grande Spirit Foundation

Volunteer Information Form

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|---|-------------------|
| Name: | Contact #: |
| Address: | |
| Emergency Contact name and number: | |
| Any medical or physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| Anticipated Length of Volunteer Commitment: | |
| Skills or interests that pertain to this volunteer position: | |
| Availability: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally | |
| Preferred Lodge: | |
| I _____ understand that I am volunteering my time to assist the Grande Spirit Foundation and do not expect any type of compensation, whatsoever, during the time I am volunteering. | |
| Signature: | Date: |

Please note that if you are successful in obtaining a volunteer position a CRC is required under the Protection for Persons in Care Act prior to volunteer placement.



Grande Spirit Foundation

"Providing Affordable Housing to Seniors and Families"

Date:

To Whom It May Concern:

Please be advised that _____ will be volunteering with the Grande Spirit Foundation and requires a criminal record check for this purpose.

Thank your consideration of this matter.

Sincerely,

Kelsey Edginton, Executive Assistant

S:\ADMINISTRATION\Volunteers\criminal Records Check Letter