



# Grande Spirit Foundation

## Volunteer Information Form

<b>Name:</b>	<b>Contact #:</b>
<b>Address:</b>	
<b>Emergency Contact name and number:</b>	
<b>Any medical or physical limitations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
<b>Anticipated Length of Volunteer Commitment:</b>	
<b>Skills or interests that pertain to this volunteer position:</b>	
<b>Availability:</b> <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	
<b>Preferred Lodge:</b>	
<b>Signature:</b>	<b>Date:</b>

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.

<b>FOR OFFICE USE ONLY</b>	Date entered and initials:
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