



Grande Spirit Foundation

"We Provide quality housing that serves the needs of our seniors, families and individuals."

Date:

To Whom It May Concern:

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

If you have any questions or concerns, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Sincerely,

Wendy Vandelaar



Grande Spirit Foundation

Volunteer Information Form

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.