

Alberta Orienteering Association Volunteer Application form for leadership roles

Application Date: _____
 Volunteer Position Sought: _____
 Name: _____ Age: _____
 Home Address: _____
 Phone: _____

EDUCATION

Highest Level of Education: _____

EMPLOYMENT

Current Employer, **if applicable**:
 Position/Title: _____
 Dates of Employment (starting, ending): _____
 Company/Employer: _____
 Address: _____

SKILLS & EXPERIENCE

Special training, skills, hobbies, certifications: _____
 Groups, clubs, organizational memberships: _____
 Please describe your prior volunteer experience (include organization names, services):

REFERENCES

Please list two people who know you well and can attest to your character, skills, and dependability. No family members please. Suitable references include your current or last employer or someone who knows you through a volunteer position, school etc.

Name	Relationship/ Organization	Length of relationship	Phone number or email

POLICE INFORMATION CHECK

If your volunteer role has direct contact with children in a supervisory role, you will be required to complete Police Information Checks.

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Are you able to provide a Police Information Check result which is not older than 12 months or apply for a Police Information Check and disclose the result to the AOA Executive director? (If not explain why).

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application form and in interviews with Alberta Orienteering Association (AOA), that is correct and complete to the best of my knowledge. I understand the AOA is collecting, using and storing my personal information to establish and manage a volunteer relationship and that this information is protected by the AOA privacy policy. I understand that information contained on my application will be verified by AOA.

Signature of the applicant _____ Date _____