



CASTOR AND DISTRICT HOUSING AUTHORITY

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VOLUNTEER APPLICATION FORM

Personal Information:

Name:(Please Print)_____

Address:_____

Town:_____ Postal Code:_____

Phone:_____ Email:_____

Briefly describe why you are interested and what you hope to accomplish as a CDHA Volunteer:

What types of Volunteer opportunities are you interested in? (Please Check)

- Administrative Outings Bingo Fitness/Wellness Special Events
Games Assistant Fundraising Events Other:_____

What days and times are you available for Volunteering?_____

I am available to Volunteer for approximately _____ hours each week.

Education/Training: _____

Employment History/Present Occupation: _____

Hobbies/Interests/Skills: _____

Previous/Current Volunteer Experience: _____

REFERENCES:

Please provide the names of two persons as references(employment or education contacts)

Name:_____ Phone Number:_____

Relationship to You: _____

Name:_____ Phone Number:_____

Relationship to You: _____

Please Note that if you are successful in obtaining a Volunteer Position, a Criminal Records Check is required under the Protection for Persons in Care Act prior to Volunteer Placement.