



Leduc Community  
**Hospital Foundation**

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## VOLUNTEER APPLICATION

<b>Name:</b>		<b>Cell Phone:</b>	
<b>Address:</b>		<b>Home Phone:</b>	
<b>City:</b>		<b>Email:</b>	
<b>Postal Code:</b>	<b>Areas of Interest:</b> <input type="checkbox"/> Special Events <input type="checkbox"/> Committee (2-3 Months, plus event) <input type="checkbox"/> Fundraising <input type="checkbox"/> Raffles <input type="checkbox"/> BBQ's <input type="checkbox"/> Decorating <input type="checkbox"/> Office Assistance		
<b>Previous Volunteer Experience:</b>		<input type="checkbox"/> Resume Attached	
<b>Dietary Concerns:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	<b>First Aid (Current)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>T-Shirt Size:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	
<b>Emergency Contact:</b>		<b>Phone Number:</b>	
<b>Valid Driver's License</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DL #</b>	<b>Availability:</b> <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Both <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No Preference		
<b>Training or qualifications that may be beneficial to position:</b>		<b>Would you be willing to be an advocate for LCHF?</b> (i.e. – help out at trade shows, etc.) <input type="checkbox"/> Yes	
Personal information is collected in accordance with Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is protected by FOIP. Information on this application applies to volunteer opportunities of the Leduc Community Hospital Foundation and will not be shared with any outside third party. The Foundation does not trade, rent or sell any personal information.			

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_