

CALGARY WOMEN'S EMERGENCY SHELTER VOLUNTEER APPLICATION

Make a difference and help build a community free from family violence and abuse.

The Calgary Women's Emergency Shelter is focused on ending family violence and abuse in the lives of women, children, youth and men. "Taking a Stand Against Family Violence and Abuse" in the community since 1974, the agency has helped more than 180,000 Calgarians build safe lives and healthy relationships. We are on the front lines to provide hope and support to some of the most vulnerable members of our community.

Though the Emergency Shelter is the cornerstone of the organization, it is "**More than a Shelter**", serving more than 15,000 clients each year through a number of innovative safety, healing and prevention programs. Through these programs, the agency supports victims and engages the community in dialogue about family violence and abuse. Visit our website at www.calgarywomensshelter.com.

Volunteer with the Calgary Women's Emergency Shelter and support families in need.

PERSONAL INFORMATION

Name:

Address:

City:

Postal Code:

Email:

Phone: (Home)

(Cell)

Are you over 18? Yes No

Optional Day of Birth: Month of Birth:

Are you legally entitled to work in Canada? Yes No

GETTING TO KNOW YOU

1. How did you hear about our volunteer program?

Staff/Volunteer

Propellus Website

Other:

2. What are you interested in?

Administration

Fundraising

Board of Directors

Program Evaluation/Research

Children's Program

Administration Office Reception

Communications/Marketing

Deliveries/Pick-ups

Donations Room

Shelter Reception



Food Services/Kitchen

Special Events

Interpretation: Language

Other:

Which language(s)?

3. Why are you interested in volunteering with the *Calgary Women’s Emergency Shelter*? What do you hope to gain from this experience?

4. What personal skills, training, work and volunteer experience do you have that you feel makes you a suitable candidate for a volunteer role? **Please include a resume.**

5. What is your primary language?

6. Do you speak, read or write any other language?

7. Please indicate the days and times you are generally available to volunteer:

Day(s) of the week:

Time of Day (i.e. Morning, Afternoon, Evening):

- 8. Do you prefer: Short-term assignments
- Long-term assignments (over 6 months)
- Either

REFERENCES: Please provide us with the names of two individuals who would provide a personal, work or volunteering reference for you.

Please list two references (one personal character reference, one professional reference preferred):

Name:

Relationship:

Organization:

Position:

Phone:

Email:



Name:

Relationship:

Organization:

Position:

Phone:

Email:

EMERGENCY CONTACT

Emergency Contact Name #1

Relationship:

Phone: (Home)

(Work)

(Cell)

Emergency Contact Name #2

Relationship:

Phone: (Home)

(Work)

(Cell)

I fully understand the above questions and certify that all information provided is true and accurate to the best of my knowledge. I grant consent to the Calgary Women’s Emergency Shelter to verify its accuracy as well as to contact the references I have listed to determine my suitability for a volunteer position. I release the agency and all others from liability in connection with the verification of this information.

Please note: A criminal record check is mandatory for anyone volunteering with the Calgary Women’s Emergency Shelter and is a requirement for all potential volunteers. Please ensure that you have a current criminal record check. If you do not have one, you can apply for them at a Calgary Police station. For more info: www.calgary.ca. Our agency will apply for the Child Intervention Check.

Individuals applying to become a volunteer must not have used agency services for the past two years. However, we may choose to work with former clients on a short term or one-time basis.

Signature of applicant:

Date:

Witness:

All information collected is for internal records only and will not be shared with outside organizations.

Please return this form by mail or email to:

Volunteer Coordinator

Calgary Women's Emergency Shelter

500 - 1509 Centre Street SW Calgary AB T2G 2E6

Tel. 403-290-1552 | Fax. 403-237-7728 | Email: volunteer@cwes.ca

www.calgarywomensshelter.com

