

VOLUNTEER APPLICATION 2018

PLEASE PRINT CLEARLY

ndividual Name / Group Name			
Contact Name (if different than above)			
Are you: Youth (14—17) Adult (18+) Group (indicate number of people)			
Address			
City Postal Code			
Contact Phone Number: Home Work Cell			
Email			
Emergency Contact Name			
Emergency Contact Phone Relationship to You			
I here by give consent for the Christmas Bureau of Edmonton to contact me regarding:			
Volunteer Opportunities Fundraising Opportunities			
Annual Giving Other			
If so, by Email or by post mail			

We require a new signed Oath from each volunteer every year. Please read and complete even if you have done so in previous years.

Volunteer Oath 2018

I, the undersigned, agree that I will respect confidentiality and privacy and not disclose or make known any client information or matter which comes to my knowledge through my volunteer service with the Christmas Bureau of Edmonton. I further acknowledge and agree that I will maintain this Oath of Confidentiality after my volunteer service with the Christmas Bureau of Edmonton has been completed.

I, the undersigned, agree that I will conduct myself with honesty and integrity; avoid acting in a discriminatory, judgmental or harassing manner towards anyone I come in contact with; commit to fostering an inclusive environment that promotes the Christmas Bureau Core Values; act objectively and avoid any situation that may create a real or perceived conflict of interest; honor my commitments and be accountable for my actions; behave in a professional manner and treat everyone with respect, dignity, fairness and courtesy; uphold the law, rules, regulations, policies and guidelines of the Christmas Bureau of Edmonton.

I, the undersigned, shall immediately disclose any business, commercial or financial interest where such interest might be construed as being in real, potential or apparent conflict with my official volunteer role(s) with the Christmas Bureau. I shall immediately disclose any participation where they may be attracting and/or soliciting the same donors, volunteers and supporters.

Volunteer Signature	Date
Parent Signature(Parent signature required if volunteer is ages 14-17 years)	Parent Name

New Volunteer Section			
Please list any experience or	interest that relates to volunteering with the	he Christmas Bureau of Edmonton:	
Please provide two reference role:	es, other than family, you have known for a	t least one year, preferably in a supervisory	
	Relationship	Phone	
Name	Relationship	Phone	
☐ I acknowledge the Christmas Bureau of	dmonton consent to contact the above references. Edmonton is under no obligation to provide me with a volunte of Edmonton to use my photo for promotional purposes.	er placement.	
Signature of Volunteer Applican	nt Signature of pa	rent/guardian for persons ages 14 to 17 years	

Please let us know how you heard about the Christmas Bureau.

Please return this application to: Christmas Bureau of Edmonton, PO Box 16000, Edmonton, Alberta T5J 4B4 Phone: 780 454 6074 Fax: 780 454 6087

Email: volunteer@christmasbureau.ca

