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**Studio Address:**  
 9635 102 A Ave  
 Edmonton, AB  
 T5H 0G3

Date: \_\_\_\_\_

## Volunteer Application Form

For a Complete Application Package, please attach your resume and a copy of a criminal record check with the vulnerable sectors check completed. Your criminal record check should be no more than 6 months old.

**1. Personal Information: (please print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

What is your preferred pronoun? (I.e. she/her/hers, they/them/theirs, he/him/his):  
 \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**2. Why are you interested in volunteering at iHuman?**


**3. What volunteer opportunity are you interested in?**

(If interested in multiple, prioritize using 1, 2, 3...)

<input type="radio"/> Art	<input type="radio"/> Fashion & Textile Arts	<input type="radio"/> Music
<input type="radio"/> Welcome Area	<input type="radio"/> Food programs	

<input type="radio"/> Family Room/Child Care	<input type="radio"/> Indigenous Cultural Knowledge
<input type="radio"/> Operations/Administrative Support	<input type="radio"/> Action Team/Casual Events, Projects
<input type="radio"/> Other (Explain):	

**4. Please indicate your availability (ex. 2pm-5pm)**

*\*Please note iHuman hours are from 1-6pm, Monday to Friday*

Events and casual support only after hours/weekends.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
a) How long of a commitment are you prepared to make? <input type="radio"/> 6 months, <input type="radio"/> 9 month, <input type="radio"/> 1 year, <input type="radio"/> on-going							
b) How often would you like to volunteer? <input type="radio"/> 1 shift biweekly, <input type="radio"/> 1 shift/week, <input type="radio"/> 2-3 shifts/week, <input type="radio"/> special/casual events and projects, <input type="radio"/> Other:							

**5. Please indicate the skills and experience you would bring to your volunteer role:**

<input type="radio"/> Music:
<input type="radio"/> Visual Arts:
<input type="radio"/> Textile Arts:
<input type="radio"/> Theatre/Dance:
<input type="radio"/> Food/Cooking:
<input type="radio"/> Photography/Media Arts:
<input type="radio"/> Microsoft Word/Excel:
<input type="radio"/> Traditional Cultural Knowledge:
<input type="radio"/> Education:
<input type="radio"/> Administration:
Languages Spoken:
Other relevant skill(s):

**6. Please indicate any certifications you hold currently or have previously held:**

Certificate/Endorsement	Expiration Date
<input type="radio"/> Full Driver's License	
<input type="radio"/> FoodSafe	
<input type="radio"/> CPR/First Aid	
<input type="radio"/> Advanced Medical Training	
<input type="radio"/> Teaching Certification	Specialization:

**7. What has been your previous experience working with youth?**


**8. Education**

School	Name of School or Course of Study	Highest Level Completed	Currently Attending
High School			
Post-Secondary			
Other			
Special Training or Skills Received:			
Are you receiving academic credit for your volunteer work? <input type="radio"/> No <input type="radio"/> Yes, Hours Required:			
If yes, what school or organisation are you a part of?			

**9. Employment History**

Employer	Job Title	From	To	Reason for Leaving
Current Employment Status: <input type="radio"/> Full-Time, <input type="radio"/> Part-Time, <input type="radio"/> Student, <input type="radio"/> Retired, <input type="radio"/> Unemployed <input type="radio"/> Other				

**10. Volunteer Experience**

Organization	Your Role	From	To	Reason for leaving

**11. Please list two references, past or present employers, teachers, volunteer supervisors, etc. We CANNOT accept family members or personal friends as references**

Name	Relationship	Phone Numbers

**12. Do you have any allergies or medical conditions we should be aware of? If so, please list below:**


**13. Emergency Contacts**

Please list two contacts we can contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

- I hereby authorize the Organization to contact the above named reference to establish my suitability as a volunteer and I hereby release the above named references and their company from all liability for any damage for issuing the same. I further authorize the Volunteer Coordinator to maintain this information in iHuman’s records and absolve iHuman Youth Society from liability.
- I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization and agree that I will not use that information in any way beyond what is authorized in my volunteer capacity with iHuman.
- I grant *iHuman Youth Society* the right to use the photographed images, video footage or audio recordings of myself captured during volunteer activities at iHuman for charitable purposes which shall include, but not be limited to: Twitter, Facebook, webcasts, blogs, and iHuman promotion.

*Disclaimer:*

*It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_