



# CUPS Volunteer / Practicum Application

## Contact Information

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City Province Postal Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gender:**  Male  Female **Age Range:**  12-18  19-25  26-35  36-45  46-59  60+

## Interest

**How did you learn about the CUPS Volunteer Program?** \_\_\_\_\_

**Which programs are you interested in volunteering with? (check all that apply)**

- Administration  Data Entry / Maintenance  Practicum  Adult Literacy
- Medical  Program Facilitation  Outreach Medical  Childcare
- Events  Kitchen Assistance  Fundraising  Other (specify) \_\_\_\_\_

**Why would you like to be a volunteer for CUPS? (check all that apply)**

- Personal satisfaction  Reference for a resume  Court obligation
- To meet a school requirement  Job requirement  Other (please specify) \_\_\_\_\_

## Availability

**Which days are you available to volunteer?**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday (medical only)

**How much time are you able to dedicate to volunteering?**

**Hours per week** \_\_\_\_\_ **OR** **Hours per month** \_\_\_\_\_ **Only for special events** \_\_\_\_\_

## Experience & Skills

**Please summarize your previous volunteer experience**

**Do you have any of the following skills? (check all that apply)**

- CPR Certification  First Aid Certificate  Childcare Level II
- Registered Dental Assistant  Registered Dental Hygenis  Nurse (please specify) \_\_\_\_\_

**Summarize any other special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.**

## Background Information

Are you currently accessing, or have you in the past used, CUPS services?  Yes  No

If Yes, what services have you used or are currently using? (check all that apply)

Health  Education  Housing

Have you ever been convicted of a crime:  Yes  No

If you answered Yes, please explain:

Have you ever been ordered by a judge to do community service as an alternative to a fine, jail time or other sentence?

Yes  No

If you answered Yes, please explain what you are expected to do and how many hours you are expected to complete:

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Agreement & Signature

***I am willing to attend and complete all training sessions that are required for the volunteer position in which I am interested in or accept***

Yes  No

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form and for your interest in volunteering with CUPS. Please return this form to the Volunteer Manager, [volunteer@cupscalgary.com](mailto:volunteer@cupscalgary.com)

### INSTRUCTIONS ON HOW TO SUBMIT THIS FORM

Please note that once filled, you cannot save information on this form. To submit please do one of the following:

1. Fill form and print it, then submit in person or by mail to: **1001 10 Ave SW Calgary, AB. T2P 1A5**
2. Fill form, print and scan a copy and submit by email to: [volunteer@cupscalgary.com](mailto:volunteer@cupscalgary.com)
3. Fill form and select print, then select Adobe PDF as the printer and save as a .pdf file, then submit by email.