



SANATAN HINDU CULTURAL SOCIETY

CRA# 83861 7231 RR0001

Website: www.shcscalgary.com

Email: info@shcscalgary.com Phone # 1-403-351 SHCS (7427)

Facility Address: 705 4656 Westwinds Drive NE

Calgary AB T3J 3Z5

VOLUNTEER FORM

| | | |
|---------------|----------|-------------|
| FULL NAME | | TELEPHONE |
| ADDRESS | | |
| CITY | PROVINCE | POSTAL CODE |
| EMAIL ADDRESS | | MOBILE NO |

PLEASE INDICATE AREAS YOU WISH TO VOLUNTEER, BASED ON YOUR SKILLS AND INTERESTS

- | | |
|--|---|
| <input type="checkbox"/> FOOD PREPERATION | <input type="checkbox"/> HOUSE-KEEPING |
| <input type="checkbox"/> MARKETING & COMMUNICATION | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> EVENT SUPPORT | <input type="checkbox"/> ADMINISTRATION/DATA MANAGEMENT |
| <input type="checkbox"/> LOGISTICS | <input type="checkbox"/> COMMUNITY OUTREACH |
| <input type="checkbox"/> MENTORING | FIELD OF INSTRUCTION: _____ |
| <input type="checkbox"/> OTHER | SPECIFY: _____ |

AVAILABILITY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> MORNINGS (Mon-Fri) | <input type="checkbox"/> AFTERNOONS (Mon-Fri) | <input type="checkbox"/> EVENINGS (Mon-Fri) | <input type="checkbox"/> WEEKEND MORNINGS |
| <input type="checkbox"/> WEEKEND EVENINGS | <input type="checkbox"/> AS NEEDED. | <input type="checkbox"/> OTHER | |

PREVIOUS VOLUNTEER EXPERIENCE: _____

DO YOU HAVE VALID DRIVER'S LICENSE ? Yes No

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ACTIVITIES? Yes No

IF YES, DESCRIBE: _____

SIGNED : _____ DATE _____