



Community Service Volunteer Application Form

Please submit your completed application to the Community Service Coordinator at the St. John Ambulance (SJA) office near you.

Contact Information

Name	First	Middle	Last
Previous name(s)			
Address			
	City	Province	Postal Code
Phone numbers	home # _____		
Which is the best number to reach you at? Please circle.	work # _____		
	cell # _____		
E-mail Address(s)	e-mail _____		
Emergency Contact Information: Someone we can call if you become ill or injured while volunteering	Name _____		Relationship _____
	Contact number(s) _____		

Employment, Education and Training

Are you currently employed? Yes No If ~~yes~~ please specify _____

Are you currently in school? Yes No If ~~yes~~ please specify _____

Other _____

Current and/or previous work experience: See attached resume

Do you have a valid Alberta Operators License? Yes, Please specify Class _____ No

Some of the St. John Ambulance (SJA) volunteer opportunities could involve driving SJA vehicles

Education and Training: Junior High (Youth programming) High School

University/College/Technical School EMR EMT SJA Nationally Certified Instructor

Animal Handler Therapy Dog Evaluator Other _____

Current First Aid Training Yes No If ~~yes~~ please provide copy of current certificate

Languages:

_____	Understand	Read	Speak	Write
_____	Understand	Read	Speak	Write

Why do you want to volunteer with St. John Ambulance? Please check all that apply

I took a first aid course and **want/need** to keep up to date for work for self /family

I want to have fun

I want to meet new people

I want to develop work related skills

I have a friend or family member who volunteers with St. John Ambulance

I have some spare time and want to do something that is stimulating on a volunteer basis

St. John Ambulance helped me or someone I know and I want to give back

I need the volunteer hours for school How many hours do you need? _____

I want to do something positive for my community

I want to volunteer in a medically related area to see if I like it

I believe in the mission/organizational aims of St. John Ambulance

I need to complete Community Hours How many hours do you need? _____

I want the ability to secure a good reference

I want to complete a Practicum for school credit

I want to spend quality time sharing my dog with others (Therapy Dog Program only)

I want to develop leadership skills

Other _____

Areas of Interest

Tell us in which area(s) you are interested in volunteering. **(Please refer to the Volunteer Information Guide)**

First Aid Response

First Aid Response ó Bike Patrol

Leadership roles

Therapy Dog

Youth 11- 18 programs

Child Safety Seat Information Facilitator

Baby First ó CPR Instructor

St. John Ambulance Ambassador Program

Fundraising ó bingos, casinos, raffle

Guest Speaker

Office Support

Mascot ó Careful Curtis

Fellowship

Museum Interpreter

Archives

As a volunteer, what would you expect from St. John Ambulance?

Special Skills or Qualifications

Please list any additional skills/interests that you might like to contribute while volunteering with SJA:

Availability & Commitment

SJA volunteers are asked to seriously consider a commitment on average of approximately 6 - 8 hours per month for one year.

Morning	M	T	W	Thurs	Fri	Sat	Sun	
Afternoon	M	T	W	Thurs	Fri	Sat	Sun	
Evening	M	T	W	Thurs	Fri	Sat	Sun	Flexible

Community Experience (Please print):

Have you previously applied to or have volunteered with SJA?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Applied</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> </tr> <tr> <td>Volunteered</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="3">If Yes, when and where?</td> </tr> </table>	Applied	Yes	No	Volunteered	Yes	No	If Yes, when and where?		
Applied	Yes	No								
Volunteered	Yes	No								
If Yes, when and where?										
What past volunteer experience(s) do you have?	See attached resume									
What did you enjoy <i>the most</i> about your previous volunteer experience (s)?										
What did you enjoy the <i>least</i> ?										

<p>All prospective volunteers are required to complete a police record check.</p> <p>Is this a concern to you?</p>	<p>Yes No If ÷yesø please describe.</p>								
<p>Have you ever been terminated, refused or asked to leave a volunteer position?</p>	<p>Yes No If ÷yesø please describe and provide date.</p>								
<p>What is your comfort level and experience with your chosen volunteer stream?</p>	<table border="0"> <tr> <td>comfortable</td> <td>I have lots of experience</td> </tr> <tr> <td>somewhat comfortable</td> <td>I have some experience</td> </tr> <tr> <td>would like support and training</td> <td>I have no experience</td> </tr> <tr> <td>curious and willing to try</td> <td></td> </tr> </table>	comfortable	I have lots of experience	somewhat comfortable	I have some experience	would like support and training	I have no experience	curious and willing to try	
comfortable	I have lots of experience								
somewhat comfortable	I have some experience								
would like support and training	I have no experience								
curious and willing to try									
<p>While volunteering with SJA, you may volunteer with or provide service to people whose life experiences may be very different from yours. What qualities do you possess that will help you work with people who have different values and life experiences than yourself?</p>									
<p>Are there any issues, situations or kinds of experiences that you think you are likely to encounter while volunteering that you might find unacceptable or difficult to deal with? If so, what might they be and how could we help you?</p>									
<p>Do you have any allergies or medical conditions you want us to be aware of?</p>	<p>Yes No If ÷yesø please describe.</p> <p>If ÷Yesø do you agree to release the information to the appropriate SJA representative(s) and include an alert on your SJA ID tag? Yes No</p>								
<p>Is there anything else you would like SJA to know about you?</p>									

References – please provide two (2) as a minimum

Name (Please print clearly)	How they know you (Friend, former employer)	Contact information: work, cell, home telephone, address

Agreement and Signature

Please initial each statement:

_____ 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.

_____ I authorize St. John Ambulance to contact references as part of the SJA Screening Cycle. I understand the information the referees provide is confidential and will not be provided to me or my representatives.

_____ I understand as a SJA volunteer I must demonstrate to the standard set by St. John Ambulance Alberta Council, the physical, mental and verbal abilities to consistently and competently perform the duties outlined in the volunteer position descriptions.

_____ I understand volunteers are encouraged and entitled to participate in an exit interview if they should cease to be a SJA volunteer.

_____ I authorize and/or agree to provide St. John Ambulance with the required information to complete the criminal records checks.

_____ If driving a St. John Ambulance vehicle could be part of my volunteer position, I agree to provide St. John Ambulance a recent (within the last 30 days) drivers abstract.

_____ I consent to the use by St. John Ambulance and their affiliates of my image and likeness in internal and external advertising and promotional campaigns, in a variety of media including print, electronic, other publications, SJA websites and/or in any other reasonable organizational manner.

_____ I am 18 years of age* or older.

*** Please note if you are under the age of 18 years of age, a separate release is required to be signed by your legal guardian(s).**

Please sign and date:

Your Name (Please print)	
Signature	
Date:	
Witness (please print)	
Witness Signature:	
Date:	

It is the policy of St. John Ambulance to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

St. John Ambulance is committed to protecting the personal information collected to process your volunteer application. St. John Ambulance will not use or disclose personal information except for the purpose for which it was collected unless you have consented or as required by law.

**Please submit your completed application to the Community Service Coordinator at the SJA office near you.
See list of locations.**

Thank you for expressing an interest in volunteering with SJA!

Fort McMurray Centre
2nd Floor, 20 Riel Street
Fort McMurray, AB T9H 3E1
(780)743-0991

Grande Prairie Centre
8815-109th Street
Grande Prairie, AB T8V 0Y4
(780)532-1012

Edmonton Centre
12304th 118 Avenue
Edmonton, AB T5L 5G8
(780)452-6161

Red Deer Centre
6519th 67 Street
Red Deer, AB T4P 1A3
(403)342-7744

Calgary Centre
2905th 12th Street NE
Calgary, AB T2E 7J2
(403)250-2922

Medicine Hat Centre
3466 4th Street SE
Medicine Hat, AB T1A 0K2
(403)528-3292

Lethbridge Centre
1254th 3rd Avenue S
Lethbridge, AB T1J 0J9
(403)327-2847

St John Ambulance locations across Alberta

TOLL FREE 1-800-665-7114

www.sja.ca

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