



Volunteer Contact Information

Name: _____
Last First Middle

Address: _____

City: _____ Postal Code: _____

Phone: (home) _____ (work) _____ (cell) _____

Fax: (home) _____ (work) _____

E-mail: (home) _____

Emergency Contact:

Name: _____
Last First Middle

Phone: _____ Relationship to you: _____

Time Availability:

I am available to do volunteer work during the following times:

Monday* Tuesday* Wednesday* Thursday* Friday*

Evenings/Weekends

* day shifts will be booked between the hours of 9am and 6pm

Vehicle:

I have access to a vehicle that I can use as part of my volunteer work, if required:

Yes No If yes, is it a car, van, truck? _____

Why are you interested in volunteering for the Canadian Liver Foundation?

Past Volunteer Experience?

***Have you ever been convicted of a criminal offence? Have you been granted a pardon?
Please explain.***

Please provide the names of two references, outside of family, who we may contact.

Reference 1: _____
Name Phone Number Relationship

Reference 2: _____
Name Phone Number Relationship

Areas You Would Like To Be Involved With (Please check all that apply)

Planning Committees

event planning committee (previous Board experience an asset!)

Administration

computers (data entry, etc.) mailouts, general office duties

Fundraising Events

poster/brochure distribution prizing pick-up
 on-site volunteering

Health Promotions

poster/brochure distribution
 education/presentation assistance

Other

Volunteer Program Mission Statement

The Edmonton Chapter of the Canadian Liver Foundation (CLF) volunteer program is committed to giving volunteers the appropriate training and support so they may complete their duties while ensuring that the mission of the agency is maintained.

CLF encourages volunteers of any gender, sexuality, ethnicity, religion, age, ability and background to volunteer.

Privacy Policy

The Canadian Liver Foundation (CLF) respects your privacy. We protect your personal information and adhere to federal and provincial privacy legislation. The information you provide may be used to provide tax receipts or to contact prize winners or event/program registrants where applicable and to keep you informed on the activities of the CLF, including programs, services, special events, funding needs and volunteer opportunities. If at any time you wish to be removed from these contacts or would like to receive more information about the CLF's Privacy Policy, please visit www.liver.ca or contact the CLF's Chief Privacy Officer at 1-800-563-5483 or via email to privacy@liver.ca.

For office use only:

~ interview date _____ ~ volunteer short-term long-term
~ entered into data base _____ SC form completed SC form response
~ training and/or support to utilize _____
~ training and/or support required _____
~ successful volunteer work situation _____

RELEASE OF INFORMATION

On occasion, the Edmonton Chapter of the Canadian Liver Foundation uses photographs, thank you letters, or other identifying material, in order to help our donors see the benefit of their donations. These could be reprinted in our Annual Report, newsletter, grant applications, on our website, or for other selective uses. Before any photographs, names or letters are used, a release is obtained from the individual.

The Edmonton Chapter of the Canadian Liver Foundation therefore requests your consent to use any of the following information – please place a checkmark in the box next to all of the data you will allow us to use:

<input type="checkbox"/> photograph	<input type="checkbox"/> first name only
<input type="checkbox"/> letter	<input type="checkbox"/> first and last name
	<input type="checkbox"/> city/town of residence
	<input type="checkbox"/> diagnosis
	<input type="checkbox"/> age

Please place a checkmark in all of the boxes next to the publications you consent to us using your information in:

- Annual Report
- Newsletter
- Grant Application
- Website (www.liver.ca)
- Any other publication that will assist the Edmonton Chapter of the Canadian Liver Foundation in our fundraising endeavors

I _____ (print name) hereby authorize the Edmonton Chapter of the Canadian Liver Foundation to use my information, as I indicated above by checking off the boxes, to be used for the purposes I have indicated above.

I release the Edmonton Chapter of the Canadian Liver Foundation, its employees, and agents from all claims which may arise as a result of the release of information described above:

Signature

Date

Witness

Date

Please return completed form to:

Fund Development Manager
The Canadian Liver Foundation
308, 10240 124 Street, Edmonton AB T5N 3W6
F: 780-481-7781
E: clfedmonton@shaw.ca