

ERMINESKIN ELDERS DEPARTMENT

VOLUNTEER FORM

Help make a difference and assist our Kihneyahk



ERMINESKIN ELDER DEPARTMENT

--Volunteer Form--

SOMETIMES YOU WILL NEVER KNOW THE TRUE VALUE OF A MOMENT UNTIL IT BECOMES A MEMORY - UNKNOWN

Last Name: _____ First: _____ Middle: _____

Address: _____

Home Phone: _____ Cell: _____

Email _____

	Yes	No
Do you have a valid driver's licence		
Do you have a reliable source of transportation?		
Do you understand and speak Cree		
Do you have First Aide/CPR certification		
What skills can you bring to this volunteer position		
Do you have a safe food handling certificate		

Please describe your past volunteer experience

Volunteering in a great way to add work experience on your resume'

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When can you start as a volunteer?

Check <input type="checkbox"/>	mornings	afternoon	time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I am interested in volunteering for the following Ermineskin Elders activities

- | | |
|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Medicine picking |
| <input type="checkbox"/> Kitchen meal prep (Breakfast/lunch) | <input type="checkbox"/> Berry picking |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Recreational activities |
| <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Social gatherings |
| <input type="checkbox"/> Exercise (Yoga, etc) | <input type="checkbox"/> Hair dressing |
| <input type="checkbox"/> Cultural Practice (smudging, sweats) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chaperone (farmers market, zoo, museum etc.) | |
| <input type="checkbox"/> Arts & Crafts (painting, beading, quilt making, sewing etc) | |

I understand that this is a volunteer position and that the ERMINESKIN ELDERS DEPARTMENT is under no obligation to pay for volunteer services at any time.

Signature: _____

Date: _____