



LD Red Deer

Learning Disabilities Association of Alberta

Lower Level
3757-43 Ave
Red Deer, AB
T4N 3B7

Volunteer Application Form

Date: _____

Full Name: _____

Address:

City/Province/Postal Code:

Telephone Number(s): _____

Email: _____

Are you over the age of 18? _____

If not, how old are you? _____

1.) How did you hear about volunteering for LD Red Deer?

2.) Tell us why you would like to volunteer for LD Red Deer?

3.) Please list qualifications/experience/skills which you feel would contribute to your participation as a volunteer for LD Red Deer:

4.) Please list any previous volunteer experience you have:

5.) What days and times are you available to volunteer?

6.) Do you own a vehicle?

If yes, are you willing to provide your own transportation for volunteer purposes (picking up items for a fundraiser, for example)?

Please supply two references: (Other than family members):

1.)

2.)