



United Way of Lethbridge & South Western Alberta

Volunteer Candidate Information

Date: _____

Personal Information: (Please print)

Name: _____

Address: _____

Home or Work Phone: _____ Cell: _____

Email: _____

1. Have you ever volunteered for an organization before? If so, what did you think of the experience?

2. Why would you like to volunteer for the United Way?

3. What do you feel you can offer as a volunteer?

4. Do you prefer to work in a group setting or do you prefer to work individually?

5. Do you often find yourself in a leadership role when working in a group setting?

We can do no great things, only small things with great love. Mother Theresa

References

Please recommend two people who will provide us with a well rounded perspective of you. Please limit only one of the references to friends or family, and the remainder may be an employer, coach, colleague, teacher, clergy, or others. Each reference must have at least one point of contact.

Reference One

Name: _____

Email: _____

Home/Work Phone: _____ Cell: _____

Relationship to you: _____

Reference Two

Name: _____

Email: _____

Home/Work Phone: _____ Cell: _____

Relationship to you: _____

You make a living by what you get, but you make a life by what you give. **Winston Churchill**



Confidentiality Contract

I, _____, do hereby declare that all information I am privy to or come across as a volunteer for the United Way of Lethbridge and South Western Alberta in regards to this agency or any affiliate, employee or volunteer will remain confidential at all times. I understand that if I breach this contract I will be held accountable for my actions, including prompt dismissal from the organization and possible legal action taken.

I agree that as a volunteer for the United Way of Lethbridge and Southern Alberta I will maintain confidentiality at all times in all matters, and by signing this form I am acknowledging that I have read this contract and understand its implications.

Volunteer Name

Volunteer Signature

Date

Witness Name

Witness Signature

Date

Signature of Supervisor/ Executive Director