



LOUGHEED HOUSE

## Volunteer Registration Form

### PERSONAL DATA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### AVAILABILITY

Evenings

Weekends

Weekdays

### EMERGENCY

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Bus./Cell Phone: \_\_\_\_\_

### REFERENCES

We request that you provide two references that can be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## EXPERIENCE / SKILLS

To better understand your skills and personal interests, please provide the following information:

Languages Spoken: \_\_\_\_\_

Education and Training: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Skills/Interests (e.g. music, gardening, sewing, decorating etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Aid or Medical Certification (Class/# of Certificate/ Expiry of Certificate):

\_\_\_\_\_

Current/previous occupation: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

I hereby agree to provide this information for the purposes of assigning duties, record keeping, and correspondence relative to Lougheed House. I understand that personal information will not be used or disclosed for purposes other than those for which it is collected or as required by law.

I agree to carry out my volunteer tasks in a reasonable and safe manner. I will abide by the guidelines of Lougheed House. I understand that Lougheed House provides volunteer accident insurance; this does not include third party liability or Worker's Compensation coverage.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicants under the age of sixteen are required to have a Parent/Guardian sign this form

Please indicate the volunteer opportunities that interest you:

- |                                                                    |                                                                     |
|--------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Historical Interpreter                    | <input type="checkbox"/> Guest Services/Admin. Help                 |
| <input type="checkbox"/> Gardener                                  | <input type="checkbox"/> Special Events/Exhibits                    |
| <input type="checkbox"/> Off-Site Promotions (eg. manning a booth) | <input type="checkbox"/> Evening Event Interpreter                  |
| <input type="checkbox"/> Musician (such as piano)                  | <input type="checkbox"/> School Program Docent (Sept through April) |
| <input type="checkbox"/> Casino Fundraiser                         |                                                                     |

Please return your completed application to: **Cathy Olson, Volunteer Manager**  
Lougheed House | 707 13 Avenue S.W. | Calgary, T2R 0K8 | FAX (403) 244-6354  
PHONE (403) 244-6333 Ext. 104 [cathyolson@lougheedhouse.com](mailto:cathyolson@lougheedhouse.com)