



VOLUNTEER GROUP APPLICATION FORM

Submit completed applications using one of the following two methods:

FAX TO:

Volunteer Coordinator
(403) 253-0393

MAIL TO:

Volunteer Coordinator
c/o Southwood Care Centre
211 Heritage Drive SE
Calgary, Alberta T2H 1M9

Group Name: _____

Agency Represented: _____

Contact Person: _____ Telephone: _____

Address: _____

_____ Postal Code: _____

Number of Members volunteering: _____

Availability:

- _____ We are flexible.
- _____ Prefer Weekdays (please specify) _____
- _____ Prefer Weekends (please specify) _____
- _____ Prefer Evenings (please specify) _____

Which Care Centre would you prefer to volunteer at?

- _____ Brentwood Care Centre
- _____ Chinook Care Centre
- _____ Southwood Care Centre
- _____ Intercare @ Millrise Care Centre

Desired area of service: _____

How did you hear about us? _____

Contact's Signature

Date