



# TOWN OF ECKVILLE

## Volunteer Staff Application

(PLEASE PRINT ALL INFORMATION)

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

Name of Volunteer: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City Postal Code

Home phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer Duties (Describe Briefly): \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

In consideration of my volunteer work as outlined above, I understand that I am not entering into an employment relationship with the Town of Eckville and that I am not entitled to receive a salary or any employee benefits. I understand that either the Town of Eckville or myself may terminate this volunteer relationship at any time without notice. I also understand that I have an obligation to respect the confidentiality of any sensitive information or dealings, which may relate to my volunteering for the Town of Eckville and I agree that I will not disclose any information without the prior written authorization from the Town of Eckville. I understand that my obligation of confidentiality continues to perpetuity.

**ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP):** By signing below, I consent to having the information in this document collected by the Town of Eckville. The personal information requested on this form is collected under the FOIPP Act to determine participation as a Volunteer for the Town of Eckville. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act.

Completed on \_\_\_\_ (day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Supervisor

