

PO Box 5521 Stn Main, Leduc, Alberta, T9E2A1
www.leducsantashelpers.ca
info@leducsantashelpers.ca

Volunteer Application

Police Record checks are required. If you are unwilling to provide us with the information necessary to complete a Police Record Check, we cannot provide you with an opportunity to volunteer with Leduc Santa's Helpers.

Personal Information		Date of Submission:	
Last Name:	First Name:	First Name:	
Address:			
City:	Postal Code:		
Phone:	Email:		
*Email is the preferred form of co Emergency Contact In: *In case of accident or illne		al.	
Name:	Relationshi	p:	
Phone:			
Medi-Alerts:			
Areas of Interest (check	all that apply) held on the First Saturday in December)		
□ Toy Drive Volunteer	(held in November)		
EIA Premium Outlet available)	: Mall Santa's Helpers Ambassador (Nove	ember & December various dates & hour	
☐ Warehouse Voluntee	er (November & December various dates	and hours available)	
\square Board Meetings (hel	ld the second Wednesday of each month)	
obtain your consent prior to send communications and special ever	i-Spam Legislation (CASL) came into effect. The legiling you Commercial Electronic Messages (CEMs). nt information. Duld like to receive electronic communications in t	These may include, but are not limited to: email	
Yes No			
Affirmation of Truthful *Please read carefully and this information is true and	sign. By signing and submitting this Vol	unteer Application, I acknowledge that	
Signature		 Date	
14 are welcome to volunteer as lo	nsent for Those Between 14-18 Years Of ong as they are accompanied by a Parent/Guardian at my child, age, is volunteering v	n at all times.	
Printed Name	 Signature	Date	