



VOLUNTEER INFORMATION FORM

Your contact information is being collected so that we can send your benefit directly to you. All personal information collected will be maintained in a secure filing cabinet and stored on a secure database. This information will only be disclosed to Between Friends personnel or necessary personnel of programming partners.

VOLUNTEER INFORMATION

Name:	_____
Date of Birth:	_____
Camp Name :	_____
Alberta Health Care:	_____
Driver's License:	_____
Medical Conditions:	_____

CURRENT RESIDENCE

Address:	_____		
City:	_____	Province:	_____
Postal Code:	_____		

PERMANENT/MAILING ADDRESS *(if different from above)*

Address:	_____		
City:	_____	Province:	_____
Postal Code:	_____		

CONTACT INFORMATION

Home Phone:	_____
Cell Phone:	_____
E-mail:	_____
Do you check this e-mail daily? YES NO	

EMERGENCY CONTACT INFORMATION *(Emergency Contact **must** reside in Calgary or area)*

Name:	_____
Relationship:	_____
Home Phone:	_____
Cell Phone:	_____

