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VOLUNTEER APPLICATION FORM

Personal Information (please print)

First and Last Name _____

Address _____

Phone _____ Cell _____

Email _____

Emergency Contact

First and Last Name _____

Phone _____ Cell _____

Volunteer Experience

Organization _____

Your Role _____

From _____ To _____

What are you interested in volunteering for now? _____

Is there a particular Branch you would like to volunteer at? If so, which one?

Please indicate your availability

Days _____ Evenings _____ Weekends _____

List Two (2) References

First and Last Name _____

Phone _____ Cell _____

Relationship _____

First and Last Name _____

Phone _____ Cell _____

Relationship _____

I authorize The Royal Canadian Legion to contact the above named references to establish my suitability as a volunteer.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for The Royal Canadian Legion.

Signature of Applicant _____

Date _____

Disclaimer: It is the policy of The Royal Canadian Legion to screen all prospective volunteers.

We reserve the right to select applicants according to our needs and criteria.

Your information will be forwarded to the Branch of your choice or the Branch within your area.

OFFICE USE ONLY:

Date Application Received _____

Forwarded to _____ Branch No. _____

Forwarded by _____
Print Name

Dated _____