



Volunteer Application Form

Please indicate preferred location: Fountain Court (South Location) ___ Carma House (North Location) ___

Date: _____	Name: _____	M <input type="checkbox"/>	F <input type="checkbox"/>
Address: _____	City: _____	Postal Code: _____	
Home Phone: _____	Work Phone: _____	Cell: _____	
Email: _____	Best time for us to reach you: _____		
Emergency Contact: _____			
Number: _____			

1. Are you registered as a member of Wellspring Calgary? Yes No

2. Please indicate the area(s) you are interested in helping with:

- Peer Support** (Must have had cancer and be at least 18 years of age)
- Reception/Front Desk**
- Childminding Volunteer** (Requires a first-aid certificate)
- Community Outreach** (eg. Taking Wellspring display to special events, distributing Wellspring literature to various locations, etc.)
- Fundraising and Events**
- Energy Volunteer** (Healing Touch, Therapeutic Touch, Reiki)
Please attach a copy of your certificate and complete Section 2.
- Other** (Please specify): _____

3. Cancer experience (if any):

Relation to person with cancer Self Family Member: _____
 Friend Other: _____

4. Spoken Languages: English French Other: _____

Would you be comfortable offering peer support in this language? Yes No

5. On which of the following days and times do you wish to volunteer? (please check all that apply):

Days of Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

6. Have you volunteered for any other organizations? If so, please briefly describe your role and duties.

7. Do you have any special skills or experiences that would be helpful as a Wellspring Calgary volunteer?

8. We recognize that people who volunteer their time do so for specific reasons. What do you hope to develop or gain through your experience at Wellspring?

9. Please provide us with the names of two references:

Name and Title	Phone Number	Relationship to you and how long have you known this person?
1.		
2.		

Please note: All volunteers are required to complete a Police Information Check. We will provide you with information about this and appreciate your assistance with completing the process.

Date Completed: _____ *Signed:* _____

Every individual volunteer impacts our ability to connect with and support those living with cancer so no one has to face cancer alone. We look forward to your involvement!

SECTION 2: COMPLETE ONLY IF YOU ARE APPLYING FOR AN ENERGY VOLUNTEER POSITION.

(Reiki, Therapeutic Touch, or Healing Touch)

Please note that Wellspring Calgary requires the following qualifications:

Reiki	Usui Reiki Master
Therapeutic Touch	Recognized TT Practitioner
Healing Touch	Certified HT Practitioner

** plus a minimum of 100 hours of practice sessions or 2 years of practice. Practitioners must be insured**

Please indicate the date you completed your qualifications:

Please indicate the approximate number of treatments:

What other healing methods/courses have you been trained in that are incorporated into your energy work?

What is your intention when administering a treatment?

What in your experience, can your treatment do for a person who is coping with cancer, bereavement, caregiving responsibilities?

If accepted at Wellspring Calgary, I agree to the following:

- I will not endorse or sell products
- I will not promote myself or others for personal gain
- I will not provide additional information to the member regarding insight gained from their treatment unless asked
- I will refer an individual requiring emotional support following an energy appointment to the peer support program for follow up

Date Completed: _____ **Signed:** _____

Volunteers are an important human resource to an organization and they are the heartbeat of Wellspring Calgary. Thank you for your interest in Wellspring Calgary!