



VOLUNTEER HANNA
401 CENTRE STREET
PROVINCIAL BUILDING

Agency Volunteer Request Form

Date: _____

Agency Name: _____

Address: _____

Telephone: _____ Email: _____

Contact Name: _____ Position: _____

VOLUNTEER INFORMATION:

Volunteer Job Title: _____

Describe the volunteer assistance you require:

Skills/Qualifications: _____

TIME COMMITMENT:

Duration and frequency of volunteer commitment: Weekly Monthly Flexible

Specific days and times required:

Is assignment ongoing? Yes No Starting date: _____ End date: _____

POSITION INFORMATION:

Where will the volunteer job be located? _____

What training and orientation will be provided? _____

What benefits are available to the volunteer?

Minimum Age: _____ Number of volunteers required: _____ Car required: Yes No

Please mail, fax or email your request to:

Volunteer Hanna, P.O. Box 1255, Hanna, AB, T0J 1P0 Fax: 403-854-4166 Email: volunteer@hannalearning.com