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TELEPHONE: (403) 242-7116 FAX: (403) 242-7478
E-Mail: info@arbi.ca Website: www.arbi.ca

Volunteer Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Home: _____ Business/Cell: _____

Email: _____

Date of Birth: Month _____ Day _____

Name of Present Employer or School: _____

Occupation or Program Enrolled In: _____

Hobbies/Skills/Interests/Languages Spoken: _____

Are There Any Physical/Medical Concerns We Should Know About? _____

Do You Have a Criminal Record?

- YES
- NO

Times Available: Days of Week _____

- A.M.
- P.M.

Emergency Contact: _____

Relationship: _____

Phone Numbers

Home: _____ Cell: _____

Work: _____

Additional Information You Would Like Us to Know: _____

Commitment:

1. I understand that the therapists who design client programs are responsible for the programs. I agree to adhere to individualized client programs as prescribed by ARBI therapists.
2. I agree to adhere to the requirements and guidelines as outlined in the Volunteer Orientation Package.
3. I will be punctual and carry out my duties to the best of my abilities.
4. I will notify the ARBI office of any necessary absence from duty as far in advance as possible.
5. Client information is confidential. I will not discuss it with anyone outside my volunteer assignment.
6. Reference information and/or confirmation of volunteer service will be provided upon request, after completion of minimum commitment of 6 months or 60 hours.

Signature: _____ Date: _____