



# Maple Leaf Academy

#200, 731 - 6th Avenue S.W.  
Calgary, Alberta, Canada T2P 0T9

Tel. (403) 262-8851  
Fax. (403) 262-8911

## VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Have you previously done volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Do you have a current Police Information Check or will obtain one? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a student at Maple Leaf Academy? Yes \_\_\_\_\_ No \_\_\_\_\_ Previous Student \_\_\_\_\_

If yes, which class and program are you attending? Full Time Day \_\_\_\_\_ Evening \_\_\_\_\_ Saturday \_\_\_\_\_

CLB Class \_\_\_\_\_

*Please Check the Following:*

Where did you hear about us?

- Flyer or posting
- Friend or Family
- Teacher
- Personal Inquiry
- Website
- Advertisement

Position of Interest

*For position descriptions,  
please refer to the Volunteer  
Positions handout.*

- Chit Chatter
- Teacher's Assistant
- Student Walker
- Classroom Monitor
- LINC/ESL Assistant
- Instructor
- Talents Volunteer

What days or which program  
would you be consistently  
available?

- Full Time (M-Th 9:00  
am - 3:00 pm, Fri 9:00  
am - 1:00 pm)
- Part Time Evening (M-  
Th 5:30 - 8:00 pm)
- Saturday (9:00 am -  
1:00 pm)
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

When is your soonest possible start date? \_\_\_\_\_

Why would you like to volunteer?

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What would you like to get out of this volunteer experience?

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Any questions or comments? Please write below.

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Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Thank you for contributing as a volunteer to Maple Leaf Academy!*

**Contact:** Bernadette Gonzales at [maple\\_evening@mapleleafacademy.com](mailto:maple_evening@mapleleafacademy.com)

**Phone # 403-262-8851**