

**Volunteer Registration
Calgary Reads Society**



Mandatory Form

Date _____

Name: _____

Address: _____

City _____ Postal Code _____

Day Phone _____ Evening Phone _____ Cell Phone _____

E-Mail: _____

Emergency Contact: _____
Name Contact Number

Languages Spoken: _____

Age Range: 13-17 18-25 26-35 36-45 46-55 55-65+

Occupation: Student Homemaker Employed Retired

How did you hear about Calgary Reads?

Please check all areas in which you have an interest:

<input type="checkbox"/>	Calgary Reads @ School - Tutor	<input type="checkbox"/>	Board Committee Member
<input type="checkbox"/>	Calgary Reads @ School - ELL Tutor	<input type="checkbox"/>	CBC / Calgary Reads Book Sale
<input type="checkbox"/>	Calgary Reads Together Event	<input type="checkbox"/>	Calgary Reads @ Home (dinner/childcare asst)

I acknowledge that the above information is being collected for purposes of determining my suitability for a position as a Calgary Reads Volunteer and that such information will be used by Calgary Reads for internal purposes in administering its Volunteer Program. Such information may be released to individuals, schools and organizations involved in the Calgary Reads program, but shall not be released to any other party without my consent. **Signature of Parent/Guardian is required if the Volunteer is under 18 years of age.**

Date:

Signed:

May we send you news & updates?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Form completed/received by: Fax _____ Mail _____ Email _____ In person _____

If you have any questions about the collection of this information, please contact the Calgary Reads office:
Phone: 403-777-8254 Fax: 403-777-8239 4105 - 26 Ave. SE Calgary, AB T2B 0C6 E-mail: info@calgaryreads.com