



Established 1982

GLACIER VIEW LODGE Volunteer Application

Volunteer Name: _____ Phone: _____

Mailing Address: _____ City: _____

Postal Code: _____ E-Mail address: _____

Emergency Contact Person:
Phone number:

Relationship:

YOUTH VOLUNTEER CONSENT

I, _____, provide consent for _____ to volunteer at Glacier View Lodge.

(Signature of parent or guardian)

(Date)

How did you hear about the Volunteer Program at Glacier View Lodge?

What is your reason for wanting to Volunteer?

- Personal interest
- Require hours for entry into a health-care educational programs
- Work Experience or Practicum
- Seeking employment
- Other, please specify:

Do you have previous volunteer experience? If yes, please give details.

What are your skills and interests that might be helpful during your volunteer time at the Lodge?
(Please include other languages that you may speak.)

To be completed at the Volunteer Orientation:

Date of Volunteer Orientation: _____

TB Test Received? Y N

Criminal Record Check Received? Y N

Influenza vaccine discussed? Y N

Volunteer Job Description: