



**MISSING CHILDREN SOCIETY OF CANADA**

Volunteer Coordinator  
Missing Children Society of Canada  
Suite 219 - 3501 23 Street NE  
Calgary, AB T2E 6V8

**VOLUNTEER APPLICATION**

Please print clearly and mail to the Missing Children Society of Canada.

View our privacy policy at [www.mcsc.ca](http://www.mcsc.ca).

**Personal Information**

Title  Dr.  Ms.  Mrs.  Mr.  Other \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you want to receive news and updates from MCSC at this email address? (check one)  Yes  No

Occupation \_\_\_\_\_ Company \_\_\_\_\_

**Volunteer Experience**

Have you volunteered previously?  yes  no If you checked yes, list your previous volunteer experience.

Date(s) of Volunteer Opportunity	Organization	Title
TO Month/Year      Month/Year		
TO Month/Year      Month/Year		
TO Month/Year      Month/Year		

**Skills**

Which of the following skills could you share with MCSC? Please check all which apply.

- TYPING/DATA ENTRY       SUPERVISORY       FUNDRAISING
- PHOTOGRAPHY       TELEPHONE       MARKETING
- VIDEO/AV       ADMINISTRATION       PUBLIC RELATIONS
- GRAPHIC DESIGN       EVENT MANAGEMENT       OTHER \_\_\_\_\_

**Availability** Indicate the days and hours you are available to volunteer by checking the appropriate boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**Information Release and Authorization Form**

*Thank you for helping the Missing Children Society of Canada by authorizing MCSC to publish your/ your child's involvement with the Society. Your help is greatly appreciated and will allow more people to find out about the great work this organization is doing.*

**If you are 18 or over, please fill out below:**

I, (please print your name) \_\_\_\_\_ give the Missing Children Society of Canada and its employees, officers, agents, and volunteers the right and permission to publish my name, photograph and any other relevant information as the case may be and publish these materials internally or externally in accordance with this organization's mission. I waive any rights to inspect or approve the finished published materials and/or photograph or advertising copy or printed matter or computer generated scanned text and/or image.

DATE	YOUR NAME (PRINTED)	YOUR SIGNATURE
DATE	WITNESS'S NAME (PRINTED)	WITNESS'S SIGNATURE

**If you are a parent/guardian signing for your child, please fill out below:**

I certify I am the parent/ or guardian of (print child's name clearly) \_\_\_\_\_, and that my child is under the age of 18, I consent to the publication of his/her name, photograph and any other relevant information as the case may be and as listed in the above release.

DATE	PARENT NAME (PRINTED)	PARENT SIGNATURE
Parent's Address _____		
Parent's Phone _____		

**FOR OFFICE USE ONLY**

Photographer's name: \_\_\_\_\_

Photographer's phone number: \_\_\_\_\_

Event/Program photo is from/ used: \_\_\_\_\_



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## Release of Liability

I \_\_\_\_\_ understand that while every precaution will be taken for my safety as a volunteer for the Missing Children Society of Canada, I hereby agree that the Missing Children Society of Canada (MCSC), MCSC employees and volunteers, corporate sponsors, cooperating organizations and any other parties connected with any aspect of my volunteer position in any way, singly or collectively, shall not be held liable for any injury, accident or delay in the person or property of any of the participants, whether caused by negligence or not, and from any source whatsoever.

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DATE

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YOUR NAME (PRINTED)

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YOUR SIGNATURE

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## Statement of Confidentiality

I \_\_\_\_\_ understand that in my role as a volunteer with the Missing Children Society of Canada, I may become aware of information and become knowledgeable of situations that must be held in confidence. I declare I will act with discretion and hold in confidence all matters regarding the children, families, staff and others, with whom I come in contact at the Missing Children Society of Canada.

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DATE

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YOUR NAME (PRINTED)

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YOUR SIGNATURE

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