

PROVINCIAL
ARCHIVES
OF ALBERTA

Name: _____ Telephone: _____
Address: _____ E-mail: _____
_____ Postal Code: _____

How did you find out about our volunteer program?
____ Friend ____ Volunteer ____ Staff ____ Internet ____ Other

Do you prefer to work: ____ behind the scenes ____ with the public ____ either

When are you available? M T W T F

Morning	-	-	-	-	-	9:00am – 12:00pm
Afternoon	-	-	-	-	-	1:00pm – 4:00pm

Please indicate the area(s) you prefer to work with.

____ Audiovisual	____ Private Records	____ Government Records
____ Reference	____ Library	____ Research
____ Finding Aids	____ Processing	____ Conservation
____ Translation	____ Special Projects	____ Special Events/ Programs

Why do you want to volunteer with the Provincial Archives of Alberta?

What activities, hobbies or subjects do you enjoy?

Have you worked in an Archive before? ___ NO ___ YES

Please describe:

Describe the skills and talents you believe will be useful at the Provincial Archives of Alberta.

Please list all spoken languages: _____

Please list all written languages: _____

Personal information that you provide on this form is protected under the Freedom of Information and Protection of Privacy Act of Alberta. Information collected here relates directly to the Volunteer Program currently operated at the Provincial Archives of Alberta and is authorized by the Government Organization Act and the Historical Resources Act. This information is used to register you with the Volunteer Program and will be used to contact you about volunteer activities in the future. For further information, please contact Jaclyn Landry at the Provincial Archives of Alberta, 8555 Roper Road, Edmonton, Alberta, T6E 5W1, (780) 427-0356.

Security Statement

I understand that in becoming a volunteer with the Provincial Archives of Alberta, I must abide with the policies and procedures of the Provincial Archives as set out in the Policy Manual. I acknowledge that, as a volunteer at the Provincial Archives of Alberta, I may see records containing personal information and other records that are subject to the Freedom of Information and Protection of Privacy Act. Should I willfully disclose any personal information, I understand that I may be liable to prosecution under section 92 of the Freedom of Information and Protection of Privacy Act. I promise that I will not disclose this information to any one without due authorization.

Volunteer Signature

Date

Witnessed by:

Staff Signature

Date

Thank you for becoming a Provincial Archives of Alberta Volunteer!