

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	S	
Morning	-	-	-	-	-	-	8:15 – 12:00
Afternoon	-	-	-	-	-	-	1:00 - 4:30

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

Audio Visual Private Records Government Records
 Reference Library Research
 Finding Aids Processing Conservation
 Translation Special Projects

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

What activities do you enjoy?

Have you worked in an Archive before? ___NO ___YES Please describe:

Describe skills and talents that 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 Jessica King 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.

Signature of the Volunteer

Date

Witnessed by:

Signature

Date

Thank you for becoming a Provincial Archives of Alberta Volunteer!