



Volunteer Job Design Form

Date: _____ Organization Name: _____

Contact Person: _____ Phone: _____ Email: _____

Start Date: _____ Duration: _____

Volunteer Position: _____

Description of Volunteer Position *(in detail, including risks, challenges etc.)* _____

Requirements *(skills, knowledge, criminal record checks etc.)*: _____

Estimated Time Commitment: _____

Training/Orientation Provided: _____

Other info: _____

Primary responsibility for recruitment, screening and placement rests with your agency. Please return this completed form to Family and Community Support Services at fcss@crowstpass.com or to the Municipal Office at 8502-19th Ave Coleman.

For More information, please contact Kim Lewis at 403-562-8833