

Heimstaed Lodge



Box 3999 La Crete, AB, T0H 2H0 Ph: 780-841-3082 Fax: 780-928-4435 Email: office@lcmna.ca

Date received	

Volunteer Application Form

Application informat	<u>iion</u>
Applicant Name:	
Address:	·
Phone Number:	
Volunteer Positions	
(Please indicate whic	h department(s) you would like to volunteer in.)
Kitchen	
Housekeeping	
Nursing	
Activity	
Maintenance	
Please specify what	days/hours you would be available:
References	
Please list two person	nal references, (not family members), and their contact numbers.
Name:	Phone Number:
Name:	Phone Number: