

CASINO VOLUNTEER WORKER APPLICATION

Volunteers in Key Positions only must complete this form. This form must be completed in full.
Please print clearly

NAME OF ORGANIZATION	AGLC ID# <small>(if known)</small>	DATE(S) OF CASINO													
KEY POSITIONS: <i>(must check one)</i> <input type="checkbox"/> General Manager <input type="checkbox"/> Alt General Manager <input type="checkbox"/> Banker <input type="checkbox"/> Count Room Supervisor <input type="checkbox"/> Cashier Paid staff of the licensed organization can work, provided: a. they are members of the organization as defined by their bylaws; b. they volunteer their services outside normal working hours; c. they do not fill the following positions: General Manager, Alternate General Manager, Banker, Count Room Supervisor; d. no individual shall work more than one position during the licence period of the casino; and e. all personnel shall be eighteen (18) years of age or older.															
PARTICULARS OF VOLUNTEER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Surname</td> <td style="width: 30%; border-bottom: 1px solid black;">First</td> <td style="width: 40%; border-bottom: 1px solid black;">Middle (Full)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Other or Maiden Name</td> <td style="width: 60%; border-bottom: 1px solid black;">Phone Numbers:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black;">Home: () Work: ()</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Date of Birth (yy/mm/dd):</td> <td style="width: 30%; border-bottom: 1px solid black;">Place of Birth:</td> <td style="width: 30%; border-bottom: 1px solid black;">Male <input type="checkbox"/> Female <input type="checkbox"/></td> </tr> </table>			Surname	First	Middle (Full)				Other or Maiden Name	Phone Numbers:		Home: () Work: ()	Date of Birth (yy/mm/dd):	Place of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname	First	Middle (Full)													
Other or Maiden Name	Phone Numbers:														
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Date of Birth (yy/mm/dd):	Place of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>													
HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No No individual is eligible to work in a casino if charged or convicted, within the last five years, of a criminal offence related to narcotics or to acts of dishonesty, including but not limited to offences involving fraud, currency, or gaming and betting or those against the rights of property (such as theft, robbery, forgery), or fire arms and offensive weapons, or an indictable offence for an act of violence against a person. If five years after conviction an individual is still under sentence for such an offence, approval shall not be given under this application until completion of sentence. AGLC may contact police for relevant information about the applicant. If an individual has received a pardon under provisions of the <i>Criminal Records Act</i> , this policy will not apply.															
I certify that the information in this application and any attachments are true, correct and complete to the best of my knowledge and belief. I understand that any false statement made in this application and any attachments may disqualify me from working at a casino. I hereby consent to and authorize the AGLC to undertake a criminal record check, with any police agency, to determine my eligibility to be involved in gaming facilities, in accordance with AGLC policies. An applicant may also be required to obtain and provide a criminal record check from a police agency.															
NOTE: Any person enrolled in a Self-Exclusion Program is restricted from volunteering at a casino event.															
_____ Signature		_____ Date													
<small>The personal information you are providing on this application is collected under the authority of the <i>Gaming, Liquor and Cannabis Act</i>, Gaming, Liquor and Cannabis Regulation, and section 33(c) of the <i>Freedom of Information and Protection of Privacy Act</i>. The information is strictly for the use of the AGLC for authorized purposes only including assessing your eligibility for a licence and the processing of your application in compliance with AGLC policy. The personal information you provide is managed according to Alberta's <i>Freedom of Information and Protection of Privacy Act</i> under which you have a right of access to your personal information. If you have any questions about the collection or use of this information, please contact: Regulatory Division Alberta Gaming, Liquor and Cannabis Commission, 50 Corriverton Avenue St. Albert, Alberta T8N 3T5 Telephone: 780-447-8600 Toll-free: 1-800-272-8876 Fax: 780-447-8911 or 780-447-8912</small>															