Date Received:

_____

VOLUNTEER APPLICATION/REGISTRATION

PERSONAL INFORMATION

Name: _____ Member? _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ _____
Primary Alternate

E-mail Address: _____

REFERENCES (2): CANNOT BE A FAMILY MEMBER

1. Name: _____ Phone: _____
   Relationship: _____
2. Name: _____ Phone: _____
   Relationship: _____

SKILLS/INTERESTS: Please list any skills, other languages spoken, education, &/or interests that you have that are relevant to work with the Association at the Centre. (i.e. Previous Volunteer experience, past career, etc)

_____

_____

_____

_____

_____

AVAILABILITY:

☐ weekday mornings ☐ weekday afternoons ☐ evenings/weekends

☐ specific days/times: _____

PLEASE TURN PAGE OVER →

VOLUNTEER AREAS: (please check one or more that are of interest to you)

Administration/Customer Service:

- ☐ Office (Reception, Registration, etc.)
- ☐ Fitness Centre Monitor

Governance:

- ☐ Board of Directors
- ☐ Committee Members (Social, Program, fundraising, etc)
- ☐ Minute Taker
- ☐ Volunteer Program Advisory Group

Communications:

- ☐ Newsletter Stapler

Fundraising:

- ☐ Arts & Craft Sale
- ☐ Book Sale
- ☐ Bake Sale
- ☐ Flea Market
- ☐ Casino
- ☐ Bingo
- ☐ Nevadas
- ☐ Win50

C.A.R.E. Programs:

- ☐ Knitting
- ☐ Friendly Phone-Caller
- ☐ Home Supports
- ☐ Outreach

Social/Special Events:

- ☐ Wednesday Night Dances
- ☐ Events (Teas, Dinner theatres, BBQ)
- ☐ Bartending

By my signature, I affirm that the information on this application is true to the best of my knowledge. I also agree to a Police Information Check on me, if the volunteer position requires it.

_____ _____

Signature Date

The personal information collected from you is protected under the Personal Information Protection Act of Alberta (2004). The North Edmonton Seniors Association (NESA) complies with PIPA and its regulations which govern the collection, use, retention, and storage of records in Alberta. The information you provide will be used to administer the volunteer program. If you have any concerns about the collection of personal information they should be directed in writing to the North Edmonton Seniors Association at the Northgate Lions Seniors Recreation Centre, 7524 – 139 Ave., Street, Edmonton AB T5C 3H7

OFFICE USE:

Date contacted: _____ Date interviewed: _____

Notes: _____

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