



VOLUNTEER APPLICATION

9350-82 Street NW

Phone 780-468-1985 Fax 780-440-6272

www.seesa.ca

Date of Application: _____ Member Yes No

Applicant Contact Information

Name	
Street Address	
City/Postal Code	
Home Phone/Work Phone	
Cell Phone	
E-Mail Address	
Birthdate (mm/dd/yyyy)	

Please indicate your area of interest of volunteer activities

- Front Desk Reception
- Administration
- Tillie's Café/Kitchen
- Friendly Phoners

- Club Activity Liaisons
- Special Events
- Building Maintenance
- Project Management

Availability

SEESA would like a commitment of one 4 hour shift per week for regular volunteers. What days are you available for a shift?

<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

Interests and Abilities – Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Enjoy working with older adults | <input type="checkbox"/> Familiar with operating a credit card/debit machine |
| <input type="checkbox"/> Patient/ Friendly/Outgoing demeanor | <input type="checkbox"/> Attention to detail/manage deadlines |
| <input type="checkbox"/> Enjoy helping people/problem solver | <input type="checkbox"/> Ability to multi-task and maintain accuracy |
| <input type="checkbox"/> Like to talk on the phone | <input type="checkbox"/> Comfortable /adaptable with change |
| <input type="checkbox"/> Comfortable handling cash and operating a cash register | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Comfortable with kitchen prep duties | <input type="checkbox"/> Familiar with computer programs |

Please Turn over

What other hobbies, interests and abilities would you like us to know about?

Current certifications held

First Aid/Level C CPR
ProServe Liquor Training
Other

Alberta Food Safety Basic Training
Occupational Health & Safety Training

Occupational background

Please summarize your previous volunteer experience:

Why would you like to volunteer with SEESA

References

1. Reference Name		Home Telephone	
Relationship		Work Telephone	
Email			
2. Reference Name		Home Telephone	
Relationship		Work Telephone	
Email			

Agreement and Consent

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist SEESA in determining my suitability for any volunteer position. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I authorize SEESA to contact my references to assess my qualifications for a volunteer position.

Name (printed)	
Signature	
Date	

Disclosure:

Information collected will be protected in compliance with Canada's Personal Information Protection and Electronic Documents Act, the Freedom of Information and Privacy Protection Act. Some information collected may be shared with members, partners and allies in compliance with the Acts. Please note that photographs taken at events may be used for promotional purposes by SEESA. If you have any concerns about the collection of personal information or the use of your image and to opt out they should be directed in writing to the President, South East Edmonton Seniors Association, 9350 82 St NW, Edmonton T6C 2X8.