



VOLUNTEER APPLICATION

9350-82 Street NW
Phone 780-468-1985 Fax 780-440-6272
www.seesa.ca

Date of Application: _____

Applicant Contact Information:

Name	
Primary Phone	
Secondary Phone	
E-Mail Address	

Availability

I am willing to volunteer up to ____ hours per week/month (circle week or month).

I am generally available for a shift at the following times (check all available times):

Mon	Tues	Wed	Thur	Fri	Sat	Sun
<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"/> 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.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve	<input type="checkbox"/> Eve

Interests and Abilities – Check all that apply:

<input type="checkbox"/> Enjoy working with older adults	<input type="checkbox"/> Carpentry Skills
<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 and/or credit card/debit machine	<input type="checkbox"/> Team Player
<input type="checkbox"/> Comfortable with kitchen prep duties	<input type="checkbox"/> Familiar with computer programs
<input type="checkbox"/> Mechanical Aptitude	<input type="checkbox"/> Physically strong

Current certifications held:

<input type="checkbox"/> First Aid/Level C CPR	<input type="checkbox"/> Alberta Food Safety Basics Training
<input type="checkbox"/> ProServe Liquor Training	<input type="checkbox"/> Occupational Health & Safety Training
<input type="checkbox"/> Other	



Volunteer Opportunities

FDR Initials: _____
Entered in MSC ____/____/____

Please check as many as you are interested in.

Name & Phone # _____

Administrative	
Activity Liaison	
Bulletin Boards	
Database Entry (C)	
Front Desk (C)(S)	
Monthly/Friendly Phoners	
Newsletter Compiling (C)	
Office Assistant (C)	
Poster/ Ticket Maker (C)	
Tour Guide (F)	
Other	
Building	
Bench Maker (P)	
Building Attendant (S)	
Decorating	
Gardening – Outdoor (F)(P)	
Gardening – Indoor	
Library (P)	
Maintenance Committee	
Outdoor Sign	
Painter (F)	
Set up Risers, Tables, Chairs(P)	
Washing Floors (P)	
Leadership Volunteer	
Board Committee (S)	
Board of Directors (S)	
Fitness Centre Mentor	
Fund Raising Committee	
SEESA Event Committee	
SEESA Events, General	
Greeter	
Ticket Taker/Seller	
Bartender (F)	
Silent Auction – Day of	

Silent Auction - Prep	
Master of Ceremonies	
Photographer (F)	
General Worker (P)(F)	
SEESA Events - Specific	
ALGC Casino	
Birthday Party	
Crib Tournament	
Dances	
Monthly Dinners	
Valentines Brunch	
Kitchen/Tillie's Café	
Daily Cafeteria Host (F)	
Daily Cashier (F)	
Daily Dishwasher (F)(P)	
Daily Food Prep (F)	
Event Dishwasher (F)(P)	
Event Food Prep (F)	
Event Serving/Clean Up (F)(P)	
Event Table Set Up	
Launderer	
Rummage Sale	
Department Head (P)(F)	
Cashier (F)	
Security (F)(P)	
Friday Set Up (P)(F)	
Sort & Clean (P)(F)	
Sunday Tear Down (P)(F)	
Kitchen (P)(F)	
Book Sale (P)(F)	
Miscellaneous (P)(F)	
Legend	
(C) = Computer Skill Used	
(P)= Physical, some lifting	
(F)= On Your Feet (S)=Sitting	

SEESA Volunteer Application cont'd

References:			
1. Reference Name		Home Telephone	
Relationship		Work Telephone	
Email			
For Office Use Only:	Date Reference contacted:		
	Notes:		
2. Reference Name		Home Telephone	
Relationship		Work Telephone	
Email			
For Office Use Only:	Date Reference contacted:		
	Notes:		

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.



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT FOR VOLUNTEERS

I, _____, as a volunteer with SEESA, understand that I may have access to confidential information, both verbal and written, relating to members, volunteers, the public, staff of SEESA, and the organization. Information may be gained through a social encounter, through personal knowledge, or through executing my volunteer duties.

I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at SEESA.

I also agree not to discuss these same matters after I have left my volunteer position at SEESA.

I further understand that breach of this agreement shall constitute grounds for, and may result in, termination of my volunteer status with SEESA.

Please sign below to indicate your acceptance and agreement with the terms as outlined above.

Volunteer Signature:

Date:

Staff Witness:

Date: