

VOLUNTEER APPLICATION

South East Edmonton Seniors Association
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	
Email Address	

Availability

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

Check all times below when you would generally be available for a shift. SEESA's regular hours of operation are Monday to Friday, 8:30am - 4:30pm but there are occasional volunteer opportunities outside of these hours.

Mon	Tues	Wed	Thur	Fri	Sat	Sun
☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.
☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.
☐ Eve	☐ Eve	☐ Eve	☐ Eve	☐ Eve	☐ Eve	☐ Eve

Volunteer Opportunity General Categories – please check as many as you are interested in					
Administrative (General)	☐	Front Desk Receptionist	☐	Photographer	☐
Café Cashier	☐	Gardening	☐	Reuse Sale	☐
Café Table Service	☐	Kitchen Volunteer	☐	SEESA Events (General)	☐
Community Engagement	☐	Monthly Birthday Party	☐	Tour Guide	☐

References			
1. Reference Name		Phone Number	
Relationship		Email	
2. Reference Name		Phone Number	
Relationship		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	