



## VOLUNTEER APPLICATION

South East Edmonton Seniors Association  
9350-82 Street NW  
Phone 780-468-1985 Fax 780-440-6272  
[www.seesa.ca](http://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
<input type="checkbox"/> a.m.						
<input type="checkbox"/> p.m.						
<input type="checkbox"/> Eve						

### Volunteer Opportunity General Categories – please check as many as you are interested in

Administrative (General)		Front Desk Receptionist		Photographer	
Building Maintenance		Gardening		Reuse Sale	
Café Cashier		Kitchen Volunteer		SEESA Events (General)	
Café Table Service		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	