



Member Volunteer Application Form

Name: Mr./Mrs./Ms. _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

Telephone: () _____ Business/ Cell: () _____

Emergency Contact: _____ Relationship: _____ Telephone: () _____

Are you currently a member of the Syme 55+ Centre? YES NO

Skills and Interests

Education Background: _____

Current Occupation: _____

Hobbies, interests, skills:

Previous volunteer experience: _____

Other languages spoken: _____

Have you worked on computers? NO YES

If yes, what is your experience?

Any other information you wish for us to know to help us make your volunteer experience more valuable and meaningful:

What type of volunteer work interests you? (Check and circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Delta Bingo or Syme's Bingo | <input type="checkbox"/> Foot Clinic |
| <input type="checkbox"/> Board and/or Committee Member | <input type="checkbox"/> Program Aid/Class Rep/Instructor |
| <input type="checkbox"/> Café Crew /Bake Sale | <input type="checkbox"/> Outside Event Promotions |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Reception / Making Telephone Calls |
| <input type="checkbox"/> Crafts/Sherway Garden Sales | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Doing research, project work | <input type="checkbox"/> Set-up for events or special functions |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Fundraising/Duck Race/Gala | <input type="checkbox"/> Travel Group |
| <input type="checkbox"/> Health Fair/Community Day | <input type="checkbox"/> Delivering Flyers, Newsletters |
| <input type="checkbox"/> Office Help/Filing/Mail Outs | <input type="checkbox"/> Other _____ |

I am available on the following days (please indicate as much information as possible):

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
AM	AM	AM	AM	AM	AM

Would you be available for evenings?

- YES NO OCCASIONALLY

When are you not available? _____

Do you have access to an automobile you can use for volunteer work?

- YES NO OCCASIONALLY

How did you hear about us?

Friend/family

Member

Advertisement

Website

Agency/School

Other

Do you have any physical limitations, or are you under any course of treatment which may limit your ability to perform certain types of work? NO YES

If yes, explain: _____

Please list two non-family member references that we might contact.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

I, _____, give Syme 55+ Centre permission to conduct a reference interview with the above mentioned names. The information obtained will be in direct relation to the volunteer position and will not be shared with others.

Signature of Applicant

Date

Volunteer Contract

Confidentiality:

I understand that while volunteering with the Syme Centre, I may become aware of information about another volunteer, a client, member, or a staff that is confidential. I agree to maintain the confidentiality of this information by not repeating or releasing this information to anyone, unless legally required to do so.

Reliability:

I understand that as a volunteer I am expected to be dependable and reliable. If I am unable to fulfill my commitment, I will contact my supervisor or the office staff as soon as possible.

References:

I have provided the Syme Centre with accurate personal and reference information. I provide my consent for the agency to contact the references I have provided and I understand that the organization is not obliged to disclose any information gathered through the reference checks.

Name: (Print) _____

Signature: _____

Date: _____

Thank you for completing this application form and for your interest in volunteering with us at Syme55+ Centre. We value our volunteers and wish to do all we can to match your skills with the volunteer positions we have to offer here at the centre. We will be contacting you shortly to further discuss volunteering opportunities and your request to become part of our team at Syme 55+ Centre.

Signature: _____

Date: _____