



Volunteer Application Form

Name: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____

Relationship: _____ Contact Number: _____

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

By checking this box you are consenting to receive occasional communications via email regarding our programs/services and volunteer opportunities.

Core Values

The Syme 55+ Seniors Centre values and respects the contributions made by our volunteers and strives to enhance their development by making their involvement in the organization rewarding.

Every volunteer will enjoy equal treatment in regards to their placement and working conditions without discrimination based on race, ancestry, colour, citizenship, sexual orientation, age, martial status, family status or handicap.

What are your reasons for volunteering?

Please list any special training, interests, skills or education that may be relevant

What types of volunteer positions are you interested in?



Availability:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Are you volunteering to earn hours for school?

YES

NO

If yes, how many hours do you hope to earn?

Please circle which type of opportunity are interested in:

Virtual Volunteering

Short Term/One Day Events

Long Term Commitment

References:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

I, _____, give the Syde 55+ Seniors Centre permission to contact the above listed references for the purposes of conducting a reference check. The information obtained will be in direct relation to the volunteer position and will not be shared with others.

X _____

Signature of Applicant

Date