

PROSPECTIVE VOLUNTEER FORM

I am interested in learning more about volunteering with the St Margaret's Bay Seniors Association.

NAME:

ADDRESS:

TOWN:

PROV:

POSTAL CODE:

PHONE:

EMAIL:

PREFERRED METHOD OF CONTACT ?

PHONE ?

EMAIL ?

WHAT TYPE OF VOLUNTEERING INTERESTS YOU? (Circle as many as apply)

INFORMATION CENTRE

RESEARCH

FUNDRAISING

ANYTHING

WEBSITE

COMMUNICATIONS

OTHER (Please describe):

DO YOU PREFER TO VOLUNTEER FOR: (Circle as many as apply)

REGULAR SHIFTS (WEEKLY? / BIMONTHLY?)

OCCASIONAL

PROJECT-BASED

COMMITTEE/BOARD WORK

ANY SKILLS OR INFORMATION YOU WOULD LIKE US TO KNOW ABOUT?

SIGNATURE:

DATE:

Please return completed card to St Margaret's Bay Seniors Centre beside Shoppers Drug Mart or mail: c/o 71 Indian Point Rd, Glen Haven, NS B3Z 2S1