



## Seniors Association of St. Margaret's Bay

**Thank you for your interest in volunteering!**

**Please return the completed form to our office at:  
1-5229 St.Margaret's Bay Rd, Upper Tantallon, B3Z 4R5  
or by email:volunteer@bayseniors.ca**

**Someone will contact you soon.**

Revised: May 16, 2024

<b>VOLUNTEER APPLICATION</b>
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NAME:	
MAILING ADDRESS:	
PHONE:	EMAIL:

<b>WHAT TYPE OF VOLUNTEERING INTERESTS YOU? Check all that apply.</b>
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<input type="checkbox"/> DIRECTLY HELPING OTHERS	<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> TECHNICAL SUPPORT
<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> COMMITTEE/TEAM WORK	<input type="checkbox"/> WORK FROM HOME

<b>HOW OFTEN WOULD YOU LIKE TO VOLUNTEER? Check all that apply.</b>
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<input type="checkbox"/> WEEKLY	<input type="checkbox"/> OCCASIONAL	<input type="checkbox"/> PROJECT-BASED	<input type="checkbox"/> OTHER
<input type="checkbox"/> SEASONAL (please provide detail about when available):			

<b>WHAT IS YOUR AVAILABILITY?</b>					
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	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

<b>PLEASE TELL US ABOUT YOURSELF.</b> For example, do you have any skills, knowledge, hobbies or interests that you think could be useful? Do you have ideas about how you would like to help?
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<b>SIGNATURE:</b>	<b>DATE:</b>
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