

Bay Seniors

***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***

Revised: June 26, 2025

VOLUNTEER APPLICATION	
NAME:	
MAILING ADDRESS:	
PHONE:	EMAIL:

WHAT TYPE OF VOLUNTEERING INTERESTS YOU? Check all that apply.			
<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

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER? Check all that apply.				
<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):				

WHAT IS YOUR AVAILABILITY?					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

PLEASE TELL US ABOUT YOURSELF. 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?

SIGNATURE:	DATE:
-------------------	--------------