

# 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: July 24, 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"/> FUNDRAISING		<input type="checkbox"/> RESEARCH	<input type="checkbox"/> TECHNICAL SUPPORT
		<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?

<b>SIGNATURE:</b>	<b>DATE:</b>
-------------------	--------------