



St. Albert Seniors
Association

VOLUNTEER APPLICATION

Date: _____

Personal Information

Name: _____ Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Emergency Contact: _____ Phone: _____

Emergency Contact's Relationship to you: _____

Please indicate your area(s) of interest, where would you like to volunteer?

<input type="checkbox"/> Meals on Wheels (delivering meals in St. Albert)	<input type="checkbox"/> Driving our Bus (Class 4 License Needed)
<input type="checkbox"/> Driving seniors to appts. In Edmonton	<input type="checkbox"/> Set-up/Clean-up for special events
<input type="checkbox"/> Bartending for special events	<input type="checkbox"/> Serving at special events
<input type="checkbox"/> Lunchtime Kitchen Help	<input type="checkbox"/> Evening/weekend hosts
<input type="checkbox"/> Willows Gift Shop	<input type="checkbox"/> Knitting items for Willows
<input type="checkbox"/> Gardening/shoveling/cutting grass	<input type="checkbox"/> Fundraising at special events
<input type="checkbox"/> Photographer	<input type="checkbox"/> Instrumental music/singer
<input type="checkbox"/> General office support	<input type="checkbox"/> Maintenance/Repair

Skills and Interests

Please list any skills, education and/or interests that you have that are relevant to volunteering with us:

Please see other side

What would you like to get out of your experience as a volunteer?

<input type="checkbox"/> One-on-one social interaction with a senior	<input type="checkbox"/> Group interaction with other volunteers and seniors
<input type="checkbox"/> Try something new or different	<input type="checkbox"/> Build resume and gain experience
<input type="checkbox"/> Make a difference about something you care about	<input type="checkbox"/> Acquire knowledge and build skills
<input type="checkbox"/> Get acquainted with a new community and meet new people	<input type="checkbox"/> Improve overall health and well-being
<input type="checkbox"/> Accomplish things in community that would otherwise not get done	<input type="checkbox"/> Need volunteer hours for a specific purpose, please state:

Please submit 2 references (volunteer, work or education related)

1. Name: _____ Phone Number: _____

How do you know this person? _____

2. Name: _____ Phone Number: _____

How do you know this person? _____

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