



Active Lifestyles Seniors' Centre

VOLUNTEERS – the of our Centre

Volunteer Application

The ALSC is a not-for-profit, incorporated, volunteer organization that provides leadership, programs and activities that support healthy lifestyles and independence of 55 plus adults. We promote meaningful ways to participate, collaborate and strengthen our community. Volunteers are the key to our success!

Personal Information

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Emergency Contact: _____

Background and Interests

Please give brief details about your skills and experience. This can include information about your employment history, special training, previous volunteer work, and/or your hobbies and interests.

What are Your Preferences?

Please check the type of volunteering that interests you (check all that apply).

<input type="checkbox"/>	Any – I want to be involved	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Planning Events
<input type="checkbox"/>	Office Administration	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Being on the Board
<input type="checkbox"/>	Leading Activities	<input type="checkbox"/>	Providing 1:1 help	<input type="checkbox"/>	Reception
<input type="checkbox"/> Helping on Committees: travel team, policies, membership, fundraising, facilities, financial or event planning.					



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When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you hear about us?

<input type="checkbox"/>	Friends	<input type="checkbox"/>	TV or Radio	<input type="checkbox"/>	Internet/website
<input type="checkbox"/>	Face book	<input type="checkbox"/>	Health Professional	<input type="checkbox"/>	Dropped in

References

Please give us details for two people we can contact for references.

REFERENCES	
Reference 1	
Name:	Address:
Telephone:	Relationship:
Reference 2	
Name:	Address:
Telephone:	Relationship:

ALCS Volunteer Information

- Volunteer applications will be reviewed and references contacted before a volunteer agreement is made. All information will remain confidential.
- Volunteers are required to submit a criminal record check before starting.
- The Office Manager will contact you to provide you with a Centre orientation and will introduce you to key personnel.

Signature of Applicant

I hereby certify that the information in this application is correct and understand that false information will disqualify me as a volunteer.

Name (print): _____ Signature: _____