

Lake Summerside Volunteer Information Form

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _() _____ Cell Phone: _() _____

E-mail address: _____ Date of Birth: _____

Employer: _____

Company Address: _____

City: _____ Prov: _____ Postal Code: _____

Work Phone: _() _____

VOLUNTEER OPPORTUNITIES:

Please check area(s) of interest or expertise:

_____ Mass Mailings (Invoicing, AGM packages, Program Guides, etc)

_____ Door to door delivery

_____ Special Events:

_____ Set Up (decorating, tables, chairs)

_____ Clean Up (removing decorations, taking down tables and chairs, cleaning

_____ Running a Station (children's activities: sports, crafts, etc)

May we contact you if a need arises for your area of interest? _____

Please check event(s) of interest:

_____ Family Day (mid-February)

_____ Spring Fling (late March, early April)

_____ Mother's Day (late May)

_____ Father's Day (mid-June)

_____ Canada Day celebrations (July 1 every year)

_____ Community BBQ (mid-July)

_____ Pirate Day (mid-August)

_____ Outdoor Movie (mid-August)

_____ The Great Pumpkin Carve (late October)

_____ Gingerbread House Building (early December)

_____ Santa Photos and Sleigh Rides (mid-December)

_____ Family New Years Eve (December 31 every year)

_____ Other (Please elaborate): _____

Specific days and times you are available? _____

How did you learn about volunteering with the Summerside Residents Association?

VOLUNTEER WORK:

Please list your previous volunteer work: _____

Please list your current community activities (clubs, religions, fraternal and civic organizations): _____

REFERENCES:

Please list the name, complete address with postal code, and telephone number of three references over the age of 21 and not a family member.

	NAME:	ADDRESS:	PHONE NUMBER:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from the Summerside Residents Association. I am willing to undergo a Criminal Record Check. I understand that there may be a training period before my volunteer position begins. I agree to signing a Summerside Residents Association "Privacy Agreement". I agree to refer any inquiries regarding the Summerside Residents Association, it's programs, participants, sponsors and/or donors to the General Manager or staff of the Summerside Residents Association. I understand that any medical information provided is to insure that the applicant is in good health in order to volunteer safely and does not pose a health risk to the Summerside Residents Association. I understand that my application and all information herein will be held in strict confidence by the Summerside Residents Association and will not be released to any outside party without the applicant's consent:

Signed this ____ day of _____, 201__.

Signature

To avoid delay in processing your application, please be sure complete information is provided.