

Volunteer Form



Name: _____

Birthdate: _____ Are you a Member? Y / N

Email Address: _____ Phone Number: _____

Mailing Address: _____ Postal Code: _____

What language(s) do you speak? _____

Emergency Contact: _____ Phone _____ Relationship _____

Our centre depends on the help of our valuable volunteers to keep our centre running smoothly. Please indicate which area would like to volunteer.

Department volunteers assist in many different departments:

- Receptionist Tax Outreach

The Silver Thymes Café is an important part of our centre, offering nutritious meals and a place for social gatherings:

- Dining Room Kitchen

There are many special events that happen throughout the year which help bring income for our centre:

- Bazaar Book Sale Casino Volunteer Other _____

Your personal information on this form will only be used for our records for the purpose of volunteering at the Strathcona Place Society.

Signature

Date

- Sign me up to receive our e-newsletter.