



VOLUNTEER APPLICATION FORM

Last Name:	First Name:	Are you currently a BOAA member? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Birth Date (mm/dd/yyyy):	Age:	Sex: <input type="radio"/> M <input type="radio"/> F	Email:
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Street Address:

City:	Postal Code:	Apt/Unit #:
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Home Phone#:	Cell Phone #:
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Volunteer Opportunities at the BOAA:
Please check volunteer position(s) of interest:

<input type="checkbox"/> Committee Work	- Advisory committee, Board of Directors, planning committees, etc.
<input type="checkbox"/> Event & Fundraising Assistance	- Planning, inviting speakers/entertainment, promotion, etc.
<input type="checkbox"/> Kitchen Help	- Prepare food, serve food, set-up and clean-up (Tuesday lunch program and special events)
<input type="checkbox"/> Advertising Assistance	- Promotion of events, poster distribution, social media support, photography, etc.
<input type="checkbox"/> Greeter	- Greeting members/participants at events
<input type="checkbox"/> Program Convener	- Assisting with program set-up, responsible for taking money from participants, insuring safety of members, taking attendance if necessary, reporting back to program coordinator
<input type="checkbox"/> Gardening Club	- Responsible for gardens surrounding facility, fall clean-up, spring clean-up, etc.
<input type="checkbox"/> Front Desk Reception	- Answering phones, greeting members, simple administration tasks, use of cash register/debit machine, selling tickets for events, memberships and program sign-ups, etc.

Continued on reverse...

Café Assistance	- Selling café items, using cash register, keeping work station clean, clearing off tables, collecting dishes, re-filling supplies, etc.
Maintenance/Facility Help	- Working closely with maintenance staff to assist with program/event set-ups and facility projects
Driver	- Comfortable driving BOAA vehicle to pick-up/drop-off members for programs and events, must have valid license and insurance, circle check before use of vehicle, some customer service qualities, must be able to lift walker into trunk, etc.

Experience/Skills:

Availability: Mon Tues Wed Thurs Fri Sat Sun

Hours Available: 9 am - 12 pm 12 pm - 4 pm 4 pm - 9 pm

Do you require any special conditions or have medical issues we need to be aware of?

REFERENCES:

1. Name: _____

Address: _____

Phone #: _____ Relationship to applicant: _____

2. Name: _____

Address: _____

Phone #: _____ Relationship to applicant: _____

IN CASE OF EMERGENCY:

Name of local friend/relative:	Relationship to volunteer:	Home Phone #:	Cell Phone #:

PRIVACY STATEMENT:

I, _____, authorize the Bowmanville Older Adult Association to collect personal information that is relevant to the volunteer position and verify character reference checks I have supplied.

I hereby acknowledge that I will hold in confidence all personal and financial information of the Bowmanville Older Adult Association, its volunteers, members and paid staff. If any concerns arise, I will discuss the issue(s) with the appropriate staff member. I will respect all members, volunteers and staff with whom I am working. Any breach of confidentiality will result in immediate dismissal from volunteering at the Bowmanville Older Adult Association.

Volunteer Signature:

Date: