

Volunteer Intake Form

Volunteers are essential to the successful operation of Silver Harbour Seniors' Activity Centre and we're glad you're interested in volunteering with us. Please complete this form to help us match you with a position. We take great precautions with your information: it will only be used to provide, or inform you about, our programs, services and events, or for statistical purposes. It will not be shared with any other party, without your consent. Please advise us if your information changes. Please complete this form and mail, drop off or email (info@silverharbourcentre.com) it to Silver Harbour.

| Today's date | | | | | |
|---|----------------------------|--------------|--|--|--|
| How did you ł | near about Silver Harbour? | | | | |
| Name | | | | | |
| Address | | | | | |
| | | Postal code | | | |
| Telephone | Email | | | | |
| Birth Date | | | | | |
| | month day year | | | | |
| Languages Spoken (other than English) | | | | | |
| In case of emergency, please notify | | | | | |
| Emergency Contact #1: Name Relationship | | | | | |
| | Telephone Numbers | | | | |
| Emergency Co | ontact #2: Name | Relationship | | | |
| | Telephone Numbers | | | | |

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What skills and interests would you like to share?

| What kind of volunteering wo | uld you like to do? | |
|--|---|---|
| Bus driver Food service Dishwashing Program instructor | Bingo Artist/crafter Sales assistant Maintenance | Gardening Office assistant Board and committees |
| When are you usually availabl | e? | |
| □ Monday □ Tuesday | WednesdayThursday | Friday |
| Do you have any health restri | ctions? | |
| To carry out their volunt To follow all Silver Harbo To maintain the confider To accept the guidance a To act in accordance with | er, do you commit to the following eer duties to the best of their abil our policies and procedures relate ntiality of internal and personal in and decisions of the staff h Silver Harbour's values and code the lead volunteer or a staff men | lity d to the volunteer role formation e of conduct |
| □ Yes | | 🗆 No |

Please provide one reference, not related to you, who can vouch for your ability to volunteer with us.

Name

Telephone _____

| I consent to Silver Harbour Centre Society u | using the pe | ersonal information supplied above to inform me |
|--|--------------|---|
| about, programs, services and events. | 🗆 yes | 🗆 no |

Signature