

PERSONAL INFORMATION:

Privacy Statement: We do not use or disclose personal information for any purpose other than those for which it was collected, except with consent or as required by law. Personal information is retained only as long as it is necessary for the fulfillment of the purposes for which it was collected, or as required by law.

Name: _____ Member No: _____

Address: _____

Email: _____

Telephone: _____ Other: _____

Emergency contact person: _____

Contact person's phone # : _____

Relationship: _____

Illness or disability 411 should be aware of: _____

BACKGROUND:

Languages: _____

Work experience: _____

Special skills: _____

Hobbies & Interests: _____

VOLUNTEER INFORMATION:

Volunteer experience: _____

Volunteer work preferred at 411: _____

Why do you want to volunteer at 411? _____

TIME AVAILABLE: (please check off)Mon am pm Tue am pm Wed am pmThurs am pm Fri am pm

By signing this form I agree to abide by the 411 Seniors Centre's Standard of Behaviour, which reads: "The 411 Seniors Centre is committed to providing a meeting place where everyone is safe and is treated with courtesy, dignity and respect. Behaviour which is discriminatory, violent or threatening will not be tolerated."

Volunteer's signature: _____

Date: _____

If you would like to become a 411 member or are interested in learning about membership, stop by the membership desk in the lobby for more information, 10am-2pm, Mon-Fri. 411 volunteer committee members should be 411 members in good standing.

FOR OFFICE USE ONLYData entry completed Date: _____

Entered by: _____

Interviewed by: _____

Comments: _____

Referred to: _____