

**VOLUNTEER APPLICATION FORM
SASKATOON COUNCIL ON AGING INC.
#301-506 25TH Street East Saskatoon, SK S7K 4A7
Phone: 652-2255/652-0775 Fax: 652-7525
Website: www.scoa
Email: admin@scoa.ca**

NAME: _____ **PHONE:** _____

ADDRESS: _____ **(E-MAIL):** _____

1. Where did you hear about the Council on Aging? _____

2. What type of volunteer work are you interested in:

POSITION	DESCRIPTION
_____ Social	Organize social functions
_____ Membership	Update lists
_____ Resource Centre	Provide clerical assistance and reception coverage
_____ Publications	Hand deliveries, bulk mail outs, writing stories
_____ Speakers Bureau	Coordinate requests to provide presentations to community agencies
_____ Blood Pressure	Assist with free monthly blood pressure clinic
_____ Computer Literacy	Assist with teaching beginner Word Processing and Internet Classes
_____ Finance/Fundraising	Seek out funding for Council's services and projects
_____ Long Range Planning	Plan development projects with community partners
_____ Drop In Program for Seniors	Co-ordination and/or hostess duties
_____ Council's Board of Directors	Oversee operations of the Council's activities

3. Times available to Volunteer: (Please circle) a.m. is between 9 and 12; p.m. is between 1 and 4
 Monday am/pm Tuesday am/pm Wednesday am/pm Thursday am/pm Friday am/pm

4. Please list past experience:

a) Paid Employment _____

b) Volunteering _____

5. References (please list two)

I give the Council on Aging permission to contact the two references listed above.

APPLICANT'S SIGNATURE _____ **DATE** _____
DATE OF INTERVIEW: _____ **INTERVIEWED BY:** _____