

# Summerside Wellness Centre

## Volunteer

### Membership Form



*Thank you for your interest in Summerside Wellness Centre activities and programs. The information you provide will help us to place you in a volunteer position that best suits your skills & interests, and our program needs. This information will be kept confidential.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

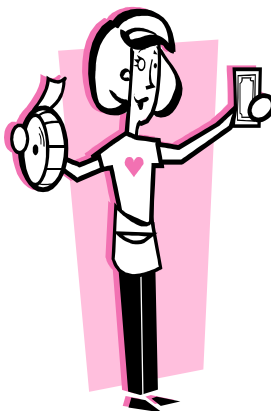
Age: (if under 19): \_\_\_\_\_

Do you have a valid driver's license?    Yes    No

Languages Spoken:        \_\_\_\_\_ English        \_\_\_\_\_ French

Please place a checkmark for any areas you may be interested in assisting with:

- |  |   |
|--|---|
| <input type="checkbox"/> Ushering                  | <input type="checkbox"/> Hospitality (for special guests or groups) |
| <input type="checkbox"/> Ticket taking             | <input type="checkbox"/> Taking pictures at events                  |
| <input type="checkbox"/> Door Greeter              | <input type="checkbox"/> Being an MC or announcer                   |
| <input type="checkbox"/> Information Services      | <input type="checkbox"/> Being a musical or artistic performer      |
| <input type="checkbox"/> Safety Monitor            | <input type="checkbox"/> Statistics & results for sporting events   |
| <input type="checkbox"/> Manual set-up / tear down | <input type="checkbox"/> Administrative tasks / office support      |
| <input type="checkbox"/> Parking Attendant         | <input type="checkbox"/> Participating on a committee               |
| <input type="checkbox"/> Poster distribution       |   |
| <input type="checkbox"/> Decorating                |   |



Is there another area / function that is not listed here that you would be interested in assisting with?

(Over)

What is your volunteer availability (please check all that apply)?

- Days
- Weekdays
- Evenings
- Weekends



Please list your volunteer experience, work experience and/or personal hobbies and talents:

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Do you have any professional skills or credentials that would assist with this volunteer opportunity (ex. Customer service, computer skills, training courses, etc.)?

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How did you hear about this volunteer opportunity?

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What is your favourite kind of candy?: \_\_\_\_\_

When is your birthday (month & date only): \_\_\_\_\_

Volunteer  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Volunteers may be subject to a routine screening check\**

Please mail / drop off this form to:  
Summerside Wellness Centre  
511 Notre Dame Street, Summerside PEI  
C1N 1T2  
PH: 902-432-1284 (Peggy) FAX: 902-436-4596



***"Anyone can serve,  
because we all have  
something to give"***

***~ Sharon Davis***