



Manitoba Society of Seniors

Volunteer information form

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Alternate Contact Name: _____ Phone: _____

Do you have any health concerns, allergies or other information MSOS should know?

How did you hear about volunteering with MSOS?

Why do you want to volunteer with MSOS?

Skills/Experience

Past or present volunteer or paid work experience:

What skills would you like to use while volunteering at MSOS?

Please list two references (name and phone).

When are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How much time would you like to contribute to MSOS? (On average, per month)

What kind of work are you interested in doing at MSOS?

- Data entry/finance Journal and other mailouts Reception
 Office Assistant Travel Planner/Guide Committee Work
 Special Events Journal writing Membership Promotion
 Other _____

Is there anything you **do not** want to do?

I agree to have my name and photo published in "Fifty and Beyond" the MSOS Journal for volunteer recognition:

Name Photo Signature: _____

Signature of Applicant: _____

Date: _____

Notes—Office use only