



PARTICIPANT & VOLUNTEER AGREEMENT

Office Use Only

SWESA
Membership #

Type of Membership () Member () Associate () Reciprocal)* () Non-Member () Volunteer					
Name:		First	Last	Tel #	Keytag #
Birthdate:			Month	Day	Year
				Cell #	Exists in MSC
Address:					MSC Basic Info Added
City:			Postal Code:		MailChimp
Email:					MSC Keytag Issued
Emergency Contact Name:			Relationship:		Tel #
Reciprocal Membership Information (if applicable)					
Name of Senior Centre you are a member at:				Expiry Date:	Keytag #

SWESA Program Waiver

I _____ recognize that the activities I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in these activities. I acknowledge that it is my responsibility to be aware of the risks associated with the activity(ies) and to safeguard my person by ensuring that I am physically able/capable of the activity, that I exercise safety measures appropriate to the activity, and that I do not participate beyond my capabilities. I understand that SWESA endeavours to provide the best possible leadership and instruction, and to provide a safe environment for the club(s)/program(s) I am joining. I acknowledge that SWESA only organizes activities and does not necessarily possess any special skill or knowledge in relation to the activity itself. I hereby release SWESA from any liability arising out of my participation.

SIGNATURE: _____ DATE: _____

The waiver is effective for the duration of the participant's involvement with SWESA.

Continued on back page

Email Consent

SWESA may send you electronic messages such as emails, attachments and notifications promoting our activities. You can unsubscribe from receiving such materials at any time.

____ Yes, I hereby consent to SWESA sending me electronic messages

____ No, I do not wish to receive electronic communications from SWESA.

Photography Consent

Please note that photographs taken at events may be used for promotional purposes by SWESA. If you have any concerns about the collection of personal information or the use of your image they should be directed in writing to the President, SWESA, PO Box 88008, Rabbit Hill PO, Edmonton AB T6R 0M5.

For Statistical Purposes (Completing this section is optional)

What was/is your occupation? _____

What are your interests? _____

I became aware of SWESA through: () Newspaper Ad () Friend () SWESA Website () Other

Volunteer Opportunity

SWESA will use this information to advise you of volunteer opportunities.

() Board of Directors

() Computer Skills

() Secretarial Skills

() Entertainment Skills

() Front Desk

() Library

() Fundraising Committee

() Communication & Marketing

() Phoning Committee

() Special Events (eg: casino,
Taste of Edm)

() Driving seniors to programs

Volunteer Confidentiality Agreement

I understand that any information secured by me, or available to me, in the pursuit of my volunteer duties is confidential in nature. I understand that as a condition of my volunteer involvement, I am expected to maintain this confidentiality. As a volunteer, I will not share anyone's personal information for personal benefit or profit. I agree to all the terms and conditions outlined.

Signature: _____

Date: _____

Submit Form and Payment

Please submit this completed form along with payment, by mail to SWESA, PO Box 88008, Rabbit Hill PO, Edmonton, AB T6R 0M5, or in person at our office located in the Yellowbird Community Centre, 10710 – 19 Ave, Edmonton

SWESA memberships are non-refundable or transferable

Information collected will be protected in compliance with Canada's Personal Information Protection and Electronic Documents Act, the Freedom of Information and Privacy Protection Act. Some information collected may be shared with members, partners and allies in compliance with the above Acts. If you have any concerns about the collection of personal information they should be directed in writing to the President, SWESA, PO Box 88008, Rabbit Hill PO, Edmonton AB T6R 0M5