

www.seawa.ca

## Volunteer Application Form

---

1. Contact Information

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Are you over 18? Yes  No

3. Employment status:

Employed full-time       Retired       Employed part-time       Not working

4. Professional expertise (if applicable) \_\_\_\_\_

5. Reasons for volunteering:

6. Past volunteer experience, if any:

7. Which of the following activities would you like to volunteer for? (Please put a check mark):

Become a member of the Communications Committee \_\_\_\_\_

Become a member of the Technical Committee \_\_\_\_\_

Become a member of the Policy Committee \_\_\_\_\_

Plant, water or weed at SEAWA's riparian restoration sites \_\_\_\_\_

Write articles for the SEAWA newsletter \_\_\_\_\_

Write project proposals for grant application \_\_\_\_\_

Make maps or GIS work \_\_\_\_\_

Any other, please specify \_\_\_\_\_

8. Would you like to become a SEAWA member? Yes  No  If Yes, please fill the Membership Application Form.

9. Would you like to receive via email the SEAWA quarterly newsletter and other notifications? Yes  No

10. References (work or personal) - optional:

\_\_\_\_\_  
Signature & Date

THANK YOU! Please email this form to executive@seawa.ca