

PARTICIPANT & VOLUNTEER AGREEMENT

Type of Membership () Regular () Associate () Reciprocal ** () Non-Member				
Name: First Last	Nickname	Home Phone #	Key tag #	
Birthdate: Month Day Year		Cell #	Entered in Mail Chimp	
Address:			Entered Info MSC	
City:	Postal Code:		Volunteer Info Entered	
Email:			MSC Key tag Issued	
Emergency Contact Name:	Relationship:		Tel #	
** Reciprocal Membership Information (if applicable)				
Name of Senior Centre you are a member at:			Key tag #	
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: _			
Note: This waiver is effective for the duration of the participant's involvement with SWESA.				

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	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					
What was/is your occupation? I became aware of SWESA through: () Newspaper Ad () Friend () SWESA Website					
() Other: Please specify:					
Volunteer Opportunities (If you would like to volunteer, please complete this section)					
 () Board of Directors () Computer Skills/Data Entry () Decenting 	 () Front Desk/Administrative () Library () Sundraising (a.g. essing) 	 () Communication & Marketing () Phoning () Special Events (a.g. Dependent) 			
() Decorating() Entertainment	()Fundraising (e.g. casino, Taste of Edmonton)	() Special Events (e.g. Pancake Breakfast, AGM)			
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:				
Please submit this completed form along with payment, <u>in person at our office located in the Yellowbird</u> <u>Community Centre, 10710 – 19 Ave, Edmonton,</u> or by mail to <u>SWESA, PO Box 88008, Rabbit Hill PO,</u> <u>Edmonton, AB T6R 0M5.</u> <i>Note: SWESA memberships are non-refundable and non-transferable.</i>					
Information collected will be protected in compliance with the Freedom of Information and Protection of Privacy Act (FOIPP). Some information collected may be shared with members, partners and allies in compliance with the above Act. 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					