



**Seniors Assisted
 Transportation Society of
 Greater Edmonton (SATS)**
Application for Office Volunteers
 9907-108 Avenue, Edmonton, Alberta,
 T5H 1A5
 Tel : 780 732-1221 Fax :780 732-1227

Name: _____

Surname

First

Initial or other Name

Address _____

_____, Alberta, Postal Code _____

Telephone :(780) _____

Date and Year of Birth: _____

Any Special Details the Volunteer Office may need to know: _____

Contact Name (For backup or emergency use only)

Name: _____

Telephone – Daytime (780) _____ Relationship: _____

Are you taking any medication of importance to the Volunteer Program: _____

A SATS Application as in this document is required to be filled in along with a do not harm others clause!	<input type="checkbox"/> Security Clearance		<input type="checkbox"/> Free Membership in SATS
	No charge for volunteers! SATS sometimes pays \$10.00 for this service. A clear Security Clearance is usually mandated!		An Honorary membership is given to all registered Volunteers. The volunteer is then covered under SATS insurance policy.
	Fill out form. SATS office will send it to the Police Station.		

References (Please do not use Family members)	Comments (For Office Use Only)
Name: _____ Telephone : (780) _____	
Name: _____ Telephone : (780) _____	

Confidentiality Agreement:

In the event that I, _____, am hired by the Seniors Assisted Transportation Society of Greater Edmonton (SATS) for volunteer work, I agree not to disclose any personally identifiable information (name, telephone number, address, etc.) about the member customers, former member customers, prospective customers or volunteers of the SATS to anyone unless **all** of the following conditions are satisfied:

I, the discloser, am a registered volunteer member of the SATS, when the information is Disclosed and this is information required for SATS business.

The receiver of the information is a volunteer or staff member of the SATS when the Information, is Disclosed,

The information is not passed through an intermediate messenger that is not a volunteer or staff member of the SATS when the information is passed or Disclosed,

The information is given in the context of work at the SATS.

If I fail to meet **any** of the above conditions, I agree to take **full** responsibility for **any** detrimental Effects, of my actions to former, prospective, and present member customers, volunteers, and staff members of the SATS, and their families, the SATS, and any other involved parties.

Signature:

_____-_____-_____
Date: Month, Day, Year

Any other important details:

Witness Name and Signature