

VOLUNTEER APPLICATION

Mr.
 Mrs.
 Ms.
 Miss

Name: _____

Address:

House #	Street	Apt #
City	Province	Postal Code

Place of Employment/School: _____

Home #: _____ Bus#: _____ Cell #: _____

Email: _____

1. What experience do you have working with seniors?

2. What influenced you to apply to be a volunteer?

3. How did you hear about our Volunteer Program? (Please check)

<input type="checkbox"/> Phone Book	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Volunteer Resource Centre	<input type="checkbox"/> Newspaper
<input type="checkbox"/> School	<input type="checkbox"/> Other Volunteer

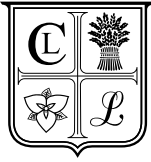
Other: _____

4. Please list any current or previous volunteer experience.

Agency	Volunteer Position	Years of Service
1. _____	_____	_____
2. _____	_____	_____

5. What special skills or hobbies would you like to share with the residents? (i.e. baking, music, gardening)

6. What languages do you speak other than English?



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7. When are you available (Please check)

- Weekly Best Day: _____
- Bi-Weekly Time of Day: _____
- Monthly
- Special events

8. What areas of volunteering are you interested in? (Please check)

- Friendly Visiting
- Palliative Care
- Pet Therapy
- Office/Administration
- Committees
- Special Events/Day Trips
- Church Service/Bible Study
- Recreational Activities
- Music Programs
- Fitness

Other: _____

9. Do you prefer to work with a group or one to one?

10. Do you prefer to lead or provide assistance?

11. Are you willing to: (Please provide")

- i. Provide a Criminal Record Check Yes No
- ii. Sign a document of confidentiality Yes No
- iii. Submit two professional references Yes No

I have provided Community Lifecare Inc. with accurate, correct information. I understand that all the information given will be kept in strict confidence. All information collected will be used to find the most satisfying and appropriate volunteer placement.

I hereby give permission for the Coordinator of Volunteers to contact the references listed below regarding my appropriateness for placement. I am also aware that the agency is not obligated to disclose the information gathered by the references. I give permission for any staff, within the Program Department to contact my emergency contact if the need arises.

Volunteers Signature _____

Date _____

	Reference #1	Reference #2	Emergency Contact
Name:			
Relationship:			
Home #:			
Business #:			