



## Volunteer Application Form

Contact Information	
Name:	
Address:	
Phone: Home	
Work/other	
Email	

Are you 18 years of age or over?    \_\_\_ Yes    \_\_\_ No

### Availability

During which hours are you available for volunteer assignments?

- Daytime
- Evenings
- Weekends
- Specific day/time: \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

What length of commitment do you plan to make? \_\_\_\_\_

### Volunteer Interests

Please tell us which areas of volunteering you are interested in:

- |   |   |
|---|---|
| <input type="radio"/> Café                  | <input type="radio"/> Resident Activities         |
| <input type="radio"/> Friendly Visiting     | <input type="radio"/> Resident Computer Assistant |
| <input type="radio"/> Gardening             | <input type="radio"/> Shopping/Outings            |
| <input type="radio"/> Hair Salon Assistant  | <input type="radio"/> Special Events              |
| <input type="radio"/> Meal/Dining Assistant | <input type="radio"/> Spiritual Care              |
| <input type="radio"/> Musician/Entertainer  | <input type="radio"/> Therapy Dog Visitor         |
| <input type="radio"/> Physiotherapy         | <input type="radio"/> Vigil Volunteer             |

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from education, employment, previous volunteer work or through activities including hobbies and sports.

