

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:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Café <input type="radio"/> Friendly Visiting <input type="radio"/> Gardening <input type="radio"/> Hair Salon Assistant <input type="radio"/> Meal/Dining Assistant <input type="radio"/> Musician/Entertainer <input type="radio"/> Physiotherapy | <ul style="list-style-type: none"> <input type="radio"/> Resident Activities <input type="radio"/> Resident Computer Assistant <input type="radio"/> Shopping/Outings <input type="radio"/> Special Events <input type="radio"/> Spiritual Care <input type="radio"/> Therapy Dog Visitor <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.

Please summarize your current volunteer commitments and previous volunteer experience

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

References

Please provide 2 references (not relatives)

Name	Phone	Email

I authorize the Volunteer Resources Coordinator to contact and receive information from the above references.

Signature

Date