

### VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Date of Birth (optional): Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_

Emergency Contact (phone): \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

**Skills & Interests:**

Educational Background: Primary School  High School  College  University  Other

Field of Study: \_\_\_\_\_ Favourite Subject: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

\_\_\_\_\_

Special Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering with our Organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferences in Volunteering** (please indicate what types of volunteer work you are interested in. Check all that may apply):

- Welcoming new residents  Visiting with residents
- Assisting with Programs  Helping out around the office
- Assisting with Fundraising  Organizing special events
- Church Services/Spiritual Programs  Palliative Care
- Assisting in the dining room  Running the Tuck Shop
- Gardening  Decorating for holidays & events
- Assisting in developing calendars  Development of Newsletters
- Assisting on outings with residents  Pet Visits/Pet Care
- Assisting with Bazaars  No preference
- Other (please explain): \_\_\_\_\_

**Availability:**

Frequency with which you are available to volunteer (please check your preference):

- A few hours/week  Daily  2x/week  Weekly  Bi-weekly  Monthly

**Days & Times Available:**

- Sunday  Morning  Afternoon  Evenings
- Monday  Morning  Afternoon  Evenings
- Tuesday  Morning  Afternoon  Evenings
- Wednesday  Morning  Afternoon  Evenings
- Thursday  Morning  Afternoon  Evenings
- Friday  Morning  Afternoon  Evenings
- Saturday  Morning  Afternoon  Evenings