

THOMPSON VIEW MANOR SOCIETY

VOLUNTEER APPLICATION

Name: _____
(Last name) (First name)

Address: _____
(Street number and name) (PO Box #) (City) (Prov) (Postal Code)

Home Phone: _____ Cell: _____ Email: _____

VOLUNTEERING FOR: Manor (Independent Living) Lodge (Assisted Living)- Police Information Check is required
(Pick up Request form for Police Information Check at the Lodge)

TYPE OF VOLUNTEER WORK DESIRED:

- games, bingo, cards
- driving (resident appointments)
- evening programs
- shopping for residents
- crafts, knitting

AVAILABILITY: Please indicate times and days you are available to volunteer.

	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Mornings	<input type="checkbox"/>						
Afternoons	<input type="checkbox"/>						
Evenings	<input type="checkbox"/>						

SPECIAL INTEREST AND TRAINING: (Business, Professional, Hobbies): _____

Do you currently or have volunteered before with other organizations/clubs. Yes No

If Yes, name of organizations/clubs: _____

Signature of Applicant

Date

Confidential When Completed

For Office Use Only:

For Lodge (Assisted Living) Volunteer - Police Information Check received