



Volunteer Application

Please be sure to complete the entire form.

Contact Information

Name	
Street Address	
Mailing Address (If different from street address)	
City / Province / Postal Code	
Phone Number	
Date of Birth (m/d/y)	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Relationship	
Phone Number	

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Blood Pressure Clinic | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Reassurance Calls |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Rural Mail Couriers Alert Pro. |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Hidden Treasures | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Diners Club Entertainer | <input type="checkbox"/> Home Help/Maintenance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Exercise Program | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Walk Program |
| <input type="checkbox"/> Foundation Board | <input type="checkbox"/> Office Volunteer | |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Do You Drive

YES NO

- | | | |
|---|------------------------------|-----------------|
| <input type="checkbox"/> Van | <input type="checkbox"/> 2dr | Vehicle Type: |
| <input type="checkbox"/> Car | <input type="checkbox"/> 4dr | _____ |
| <input type="checkbox"/> Truck | <input type="checkbox"/> A/C | Vehicle Colour: |
| <input type="checkbox"/> Smoking permitted in vehicle | | _____ |

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Special Skills or Qualifications

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

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Previous Volunteer Experience

Have you had any previous experience as a volunteer?	YES	NO
With what organizations?		
What kind of work did you do?	Who were your supervisors?	

Special Considerations

Summarize any special considerations Community Care for Central Hastings must be made aware. Example: Cannot drive after sunset or Cannot do any heavy lifting.

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References

Please list the names of 2 references (not relatives).

Ref. 1 Name		Ref. 2 Name	
Ref. 1 Phone Number		Ref. 2 Phone Number	

Agreement and Signature

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from volunteering with Community Care for Central Hastings or cause my dismissal. I give permission to Community Care for Central Hastings to collect personal information appropriate to the position applied for and to contact my previous volunteer organization and references.

Name (printed)	
Signature	
Date	

Sponsored by

