



Volunteer Application Form

Name: _____ Date: _____

Address: _____ Postal Code: _____

Email Address: _____

Phone #: Home: _____ Cell: _____

Emergency Contact: _____ Phone #: _____

Present Employer: _____

Age: 18+ (volunteers at our location must be 18 years of age or older)

AVAILABILITY (please check available times or write in specific hours)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

INTERESTS: PLEASE CHECK ALL THAT APPLY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Singing | <input type="checkbox"/> Pet Visits | <input type="checkbox"/> Library Cart | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Journaling | <input type="checkbox"/> Manicures | <input type="checkbox"/> Reading | <input type="checkbox"/> Carpet Bowling |
| <input type="checkbox"/> Church | <input type="checkbox"/> Gardening/Baking | <input type="checkbox"/> Thinking Games | <input type="checkbox"/> Shuffleboard |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Knitting/Crochet | <input type="checkbox"/> Card Games | <input type="checkbox"/> Speak 2 nd Language |
| <input type="checkbox"/> One to One Visits | <input type="checkbox"/> Crafts/Painting | <input type="checkbox"/> Board Games | Language: _____ |

What are your reasons for choosing Mayfair Care Centre? _____

Previous Volunteer Experience: _____

List your experience working with the elderly: _____

References: 1. _____ Phone #: _____

2. _____ Phone #: _____

Office Use:

Interview Date: _____ Orientation Date: _____ Start Date: _____

References Checked: Yes/No Security Clearance Completed: Yes/No