



Volunteer Application Form

Name: _____ Date: _____

Address: _____

Phone#: Home _____ Business: _____ Fax: _____ E-Mail _____

Emergency Contact: _____

Present Employer: _____

Age: under 14 14-17 18 and over

Available Times: Morning Afternoon Evening

Days: Monday Tuesday Wednesday Thursday Friday Sat Sun

Interests: _____

- | | | | | |
|--|--|------------------------------------|---|---|
| <input type="checkbox"/> Singing | <input type="checkbox"/> Art/Painting | <input type="checkbox"/> Cards | <input type="checkbox"/> Play an Instrument | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Poetry | <input type="checkbox"/> Journaling | <input type="checkbox"/> Knitting |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Church | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games_____ |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Baking | <input type="checkbox"/> Computer | <input type="checkbox"/> Sewing | <input type="checkbox"/> Manicures |
| <input type="checkbox"/> Exercise(Tai Chi, Yoga etc) | <input type="checkbox"/> Speak 2 nd Language_____ | | | |

Other skills or interests: _____

What are your reasons for choosing Mayfair Care Centre? _____

Previous Volunteer Experience: _____

List your experience working with the elderly: _____

- Which work setting do you prefer? Group setting Individual 1-1 setting
- Outings Assisting with Programs Running Programs Independently
- Dining Room Assistance Auxilliary/Tuck Shop Other _____

References: 1. _____ Phone#: _____

2. _____ Phone#: _____

Signature: _____ Date: _____

Office Use Only

Interview Date: _____ Orientation Date: _____

References Checked: Yes No Starting Date: _____

Security Clearance completed: Yes No Not Required

Comments _____
