

Volunteer Application Form

Please Circle: Miss Mrs. Mr. Ms.	Name: _____ _____ Last First
Address: _____ _____ Box Street City Postal Code	
Telephone Number: Home: _____ Work: _____ Cell: _____	Present Occupation: _____ Hours/Wk: _____
Age: <input type="checkbox"/> 15-25 <input type="checkbox"/> 23-34 <input type="checkbox"/> 35-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	
Information Required to Find Appropriate Volunteer Job	<p style="text-align: center;"><u>Volunteer Teams</u></p> <p style="text-align: center;">Please tick the box beside area that interests you.</p> <p>1. Gift Shop <input type="checkbox"/></p> <p>2. In-House - bedside assistance <input type="checkbox"/> - long term care (friendly visiting & feeding) <input type="checkbox"/> - VIP & birthday parties <input type="checkbox"/> - Emergency Dept <input type="checkbox"/> - Operating Dept <input type="checkbox"/> - Clerical <input type="checkbox"/></p> <p>3. Palliative Care <input type="checkbox"/></p> <p>4. Pastoral Care <input type="checkbox"/></p>
Previous Work Experience:	<p style="text-align: center;"><u>Special Interests</u></p> <p style="text-align: center;">Please tick the box beside area that interests you.</p> <p>Arts/Crafts <input type="checkbox"/></p> <p>Music/Drama <input type="checkbox"/></p> <p>Language <input type="checkbox"/></p> <p>Driving <input type="checkbox"/></p> <p>Other(please specify) <input type="checkbox"/></p>
Training, Courses:	
Present or Previous Volunteer Jobs:	
Heath Restrictions:	
Availability	
Time Available: Day:_____ Hrs/Wk:_____ <input type="checkbox"/> Regularly <input type="checkbox"/> Short-Term	
Type of Volunteer Work Desired	<input type="checkbox"/> Group <input type="checkbox"/> Adult <input type="checkbox"/> 1-1 <input type="checkbox"/> Senior <input type="checkbox"/> Clerical
References	
Name:	Telephone #:
Name:	Telephone #: