



Recreation

Volunteer Application

PERSONAL INFORMATION

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email Address: _____

Date of Birth (mm/yyyy) : _____ Are you over 18 years of age? Yes No

Is there any information a health care professional should know in case of sudden illness? i.e. allergies, medical conditions, contact lenses etc. _____

Emergency Contact: _____ Phone: _____

Relationship: _____

OCCUPATION/ EMPLOYMENT HISTORY

Are you currently employed? Yes No Full time Part time

Current Employer: _____

What previous Jobs have you had? _____

SKILLS, ABILITIES, EDUCATION AND TRAINING

If you are currently a student, what school/university do you attend?

Area of Study: _____

Please list any past education/training that you have: _____

Are you volunteering as a college pre-requisite or school: Yes No

If yes, which course and what is required: _____



What hobbies/skills/interests do you have which might benefit your volunteer work?

Do you speak/write other languages other than English? Please specify

VOLUNTEER EXPERIENCE

Are you presently a volunteer? Yes No

If yes, where? _____

Describe any current or previous volunteer experience: _____

VOLUNTEER WORK DESIRED

Which days/times you are available for Volunteer Work? _____

Would you be available on a regular basis or would it change frequently? _____

VOLUNTEER SCREENING

All volunteers are required to submit a criminal records check before they will be accepted as a volunteer at Maplewood Seniors Care Society. We will send you the entire required paperwork via email once application is submitted.

REFERENCES

Please provide us with two people to call for a reference. We prefer a personal (non relative) and one employee/ teacher/ volunteer supervisor.

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____



PARENTAL CONSENT

If you are under 18, you will need parental consent to volunteer at Maplewood. We ask that your parent attend your interview, and sign the following consent form.

I give my permission for my son/daughter _____ to become a volunteer at Maplewood Seniors Care Society. I understand the commitment of sixty hours he/she is making. I feel he/she has the maturity to work in this situation, and support his/her decision to take on this challenge. I understand that if my son/daughter is under 16, I will have to be present during his/her volunteer hours.

Parent's Signature: _____ Date: _____

COMMITMENT

1. I agree to volunteer at Maplewood Seniors Care Society for minimum of 60 hours.
2. I understand that if I have represented myself falsely in this application, my volunteer position may be terminated.
3. I agree to respect the privacy of the residents and Maplewood Seniors Care Society, and understand that a breach of confidentiality is cause for dismissal.
4. I have read the Volunteer Manual.
5. I understand that reference will not be given until the 60 hours commitment has been completed.

Signature of Applicant: _____

Date: _____