



40 Old Kingston Road
Toronto, Ontario
M1E 3J5
Telephone: 416-284-0828
Fax: 416-284-5595

VOLUNTEER APPLICATION FORM

Name: _____

Phone: _____

Address: _____

Postal Code: _____

Special Training: _____

Hobbies & Talents: _____

Have you ever done volunteer work before? **Yes** ___ **No** ___

If yes, please describe or give details of type of volunteer work:

What hours (days or evenings) would you be available?

What days of the week are you available?

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Are you available for all seasons? **Yes** ___ **No** ___

If no, please list times of the year when you are NOT available.



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Indicate how you would like to become involved in our volunteer programme:

YES **NO**

- 1. Individual one-on-one visits with residents
(i.e.: reading, writing letters, taking shopping, help with hobby, or just visiting)
- 2. Group activities in the home
(i.e.: games, cards, crafts, sing-songs, music, other activities)
- 3. Group activities outside the home (i.e.: shopping, field trips, bus trips)
- 4. Special Events (i.e.: bazaars, buffets, dances, parties)
- 5. Other areas you may wish to volunteer your time or services

Why would you like to do volunteer work at this facility?

Date: _____ Signature: _____

Please provide two references:

Name	Relationship	Telephone Number
1. _____	_____	_____
2. _____	_____	_____