



Application Received: _____
Application Follow-up: _____
Notes: _____

VOLUNTEER APPLICATION FORM

NOTE: All Volunteer information is held in strict confidence and will be used only to match an individual to a suitable volunteer position or in the collection of statistical data. Volunteer telephone information and availability, may be shared with Elliott Community Staff for volunteering related issues.

Personal Information

Name: _____ Age of Applicant (if under 18 years of old) _____

Address Street: _____ City: _____ Postal Code: _____

Telephone: Home: _____ Work: _____

Email: _____ Cell: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone: Home: _____ Work _____

Email: _____ Cell: _____

Volunteer Experience: Yes No (If yes please specify agencies)

Education Background or Training:

High School Nursing Business College/University

Comments: _____

Languages Spoken: English French Other: _____

Community Affiliations: (clubs, groups, organizations, etc.)

Describe your motivation for wishing to volunteer:

To Fill in Spare Time Interested in People High School Program (40hrs)

Resume Experience Interested in Health Care Field Other: _____

Interested in community Development Special Skills to be shared: _____

How did you hear about Volunteer Services at The Elliott Community?

Do you prefer working in? Small Groups Independently Large Groups

Do you have experience working with or around the elderly?

Please Explain: _____

What are you hoping to accomplish by Volunteering at The Elliott Community?

When are you available to volunteer your time?

Mornings Afternoons Evenings Meal Times: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How many hours a week are you available? _____

Comments: _____

Please indicate volunteer opportunities you would like to know more about:

- | | | |
|---|--|---|
| <input type="checkbox"/> Baking/Cooking Programs | <input type="checkbox"/> Horticulture Programs | <input type="checkbox"/> Knitting Programs |
| <input type="checkbox"/> Computer/Internet Coaching | <input type="checkbox"/> Special Events | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Restorative Dining Program | <input type="checkbox"/> Outings | <input type="checkbox"/> Music Programs |
| <input type="checkbox"/> Tuck Shop | <input type="checkbox"/> One to One Activities | <input type="checkbox"/> Hair Salon |
| <input type="checkbox"/> Outdoor Walking Program | <input type="checkbox"/> Pet Visit Programs | <input type="checkbox"/> Meal Time Programs |

References:

1. _____
Name Relationship Phone Number

2. _____
Name Relationship Phone Number

I agree to have the following references contacted by The Elliott Community.

Signature: _____ Date: _____

Thank you for your interest in The Elliott Community.