

**VOLUNTEER APPLICATION FORM**

Name:				Date:			
Address:				Phone:			
				Cell:			
City:		Province:		Postal code:			
Email:							
In Case of Emergency, contact:							
Name:			Relationship:			Telephone:	
Do you have any physical limitations, which would govern any kind of assignment?    Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain:							
Are you under the age of 16?    Yes <input type="checkbox"/> No <input type="checkbox"/> Under the Age of 18?    Yes <input type="checkbox"/> No <input type="checkbox"/>							
Are you volunteering as part of your educational curriculum? (Please circle one)    yes    no							
If yes, please complete the following:							
Name of Institution: _____				Contact Name: _____			
Phone number: _____				Current Grade/Course/Level _____			
Requirements i.e. number of hours, special project etc.: _____							
How did you hear about our program?							
Reasons for volunteering in retirement community:							
Position interested in (check as many boxes that apply):							
___ Friendly Visitor		___ Leisure Assistant		___ Housekeeping			
___ Special Events		___ Religious Services		___ Dietary			
___ Outings		___ Restorative Care		___ Maintenance			
Length of Volunteer Commitment (please circle one):							
Student		Casual		Regular			
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Skills/ Experiences you have to offer:							
Educational/training background:							

<b>Volunteer Experience:</b>		
Supervisor's Name & Address:		
Position Held:		
Date To/ From		
Reason for leaving:		
<b>Employment experience:</b>		
Employers Name and Address:		
Position Held:		
Date To/ From:		
Reason for leaving:		
REFERENCES		
Please supply <i>at least two</i> references other than family members (Employer, friend, school, minister, etc.)		
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Relationship:	Relationship:	Relationship:
Date of Reference checked _____		By email or phone _____

**AGREEMENT**

I, \_\_\_\_\_, authorize peopleCare Communities to collect personal information appropriate to the position applied for concerning my Volunteering/ employment history and academic background to verify the character references I have supplied.

I understand that approval of this application is subject to a police reference check as well as a probationary period and I will be evaluated at this time to determine continued participation in the Oakcrossing Retirement Living volunteer program.

I hereby would like serve as a Volunteer at Oakcrossing Retirement Living , and agree to have a TB skin test on start date and yearly thereafter

I certify that all statements made in this application are to the best of my knowledge correct. Should any statements be proved inaccurate, this agreement will become void.

Signature of applicant:	Date:
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Signature of Parent or Guardian (18yrs and under)	Date:
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