



# WINDERMERE CARE CENTRE

## Volunteer Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

High School Student

College Student

University Student

Age:  16-20

20-40

41-60

61+

Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you hear about Windermere Care Centre?

\_\_\_\_\_

Reason for Volunteering?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE

Please list any volunteer experience and where? \_\_\_\_\_

\_\_\_\_\_

Please list any work experience and where? \_\_\_\_\_  
\_\_\_\_\_

Do you speak, read or write other languages? If so, what \_\_\_\_\_  
\_\_\_\_\_

**SKILLS/HOBBIES**

Please list any special skills, and/or hobbies (i.e. typing, languages, arts & crafts, music, fitness, etc.)

\_\_\_\_\_  
\_\_\_\_\_

In which area(s) would you prefer to volunteer?

\_\_\_\_\_

**CERTIFICATIONS:**

(First Aid, Driver's License, NLS swimming and etc)

\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY** (Please indicate times available)

| Time      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning   |        |         |           |          |        |          |        |
| Afternoon |        |         |           |          |        |          |        |
| Evening   |        |         |           |          |        |          |        |

## EMERGENCY CONTACT

---

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have any medical conditions (allergies, physical) we need to be aware of?

---

I agree to offer my time and talents as a Volunteer as stated on this application form. I will discuss and receive approval from the Recreation Manager prior to any changes in my role/responsibilities as a Volunteer of Windermere Care Centre.

I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may be cause for termination of my Volunteer position.

I agree to a:  TB test \_\_\_\_\_ (date of vaccination)

Criminal Record Check

If I am approved as a Volunteer, I agree to abide with the Policies and Procedures of Windermere Care Centre.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of the Volunteer \_\_\_\_\_

Reference other than family:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ANY ADDITIONAL COMMENTS:**

---