

Melville Heights Retirement Residence Volunteer Application Form

Name	
Address	
Home Phone / Cell Phone	
E-mail	

In the event of an emergency, who should we contact?

Name	
Home Phone	
Cell Phone	
Work Phone	
Relationship	

Work or volunteer experience:

Please enter your most recent work or volunteer experience:

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Type of preferred volunteer role: (please circle)

~ One-on-one

~ Assisting with groups

~ Outings

~ Special Events

~ Other: _____

Do you have any **special talents** you would like to share with the residents? (ie. Playing instruments, singing, crafts, story telling, jokes, painting)?

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Do you have any health concerns that could affect your ability to perform volunteer duties?

___ No

___ Yes (specify) _____

Availability: Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

As part of our screening process, those over 18 years of age will be asked to complete a Criminal Records Check and Vulnerable Sector Search

Those under 18 years of age will be asked to complete a Parental / Guardian Consent Form

References:

Please provide us the names and telephone numbers of two people (not relatives) that can provide a reference for you.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____