

The Olde Forge Seniors' Support Service
VOLUNTEER APPLICATION FORM



Thank you for offering to share your volunteer time and skills the Olde Forge. In order to match you with an appropriate volunteer opportunity, the following information would be helpful.

PLEASE COMPLETE THIS FORM

Date: _____

Name: _____

Address: _____ Postal Code: _____

Phone: Home: _____ Cell: _____ Other: _____

E-mail Address: _____

Language spoken: English: French: Other: _____

Training/Skills/Employment Background: _____

Present or Previous Volunteer Jobs: _____

Special Interests or Hobbies: _____

I am currently: a student at a homemaker retired seeking employment
employed @ _____

What type of volunteer work are you most interested in? _____

Commitment: How many hours can you volunteer each week? _____

What time of day is best for you? Morning Afternoon Evening

When you are not available? (Please Specify) _____

How did you hear about the Olde Forge? _____

Why do you want to volunteer at the Olde Forge? _____

Do you smoke? _____

Do you have a valid Ontario Driver's Licence? _____ Do you have a vehicle? _____

WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

REFERENCES: Please list at least 2. (No family please)

Name: _____ Phone: (daytime) _____

Address: _____

Name: _____ Phone: (daytime) _____

Address: _____

Name: _____ Phone: (daytime) _____

Address: _____

IN ACCORDANCE WITH OUR FUNDERS' REQUIREMENTS, POLICE CHECKS WILL BE COMPLETED FOR ALL SUCCESSFUL APPLICANTS.

FOR OFFICE USE ONLY

CIMS file created for Volunteer?

Documentation attached to Volunteer's file?