



VOLUNTEER APPLICATION FORM

PERSONAL

Name _____ *Birthday:* _____
 Surname First Middle Initial

Address _____
 Number Street City Province Postal Code

Telephone Number _____ Work Number _____

Email address _____

Emergency Contact Person/Tel # /Relationship: _____

VOLUNTEER AVAILABILITY

Please indicate your availability with a check mark:

	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

(Hawthorne Seniors Care Community requires a minimum commitment of 60 hours or six months for all volunteer positions)

SPECIAL SKILLS AND INTERESTS

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

One on One Visits Music Where needed
 Palliative Care Spiritual Programs

Other: _____ Language(s) spoken? _____

PRIOR WORK OR VOLUNTEER EXPERIENCE

Please list the current or most recent position first. List other positions on the following page:

Month & Year		Name & Address of Employer & Type of Business	Position	Supervisor's Name and Title	Reason for Leaving
From	To				

Describe in detail the work you did:

PRIOR WORK OR VOLUNTEER EXPERIENCE (continued)

Month & Year		Name & Address of Employer & Type of Business	Position	Supervisor's Name and Title	Reason for Leaving
From	To				

Describe in detail the work you did:

REFERENCES

Give three professional references, preferably employers. **Do not include friends/relatives.** Students may use teachers as a reference. Please accept my signature below as your authorization to check my references.

Applicant Signature

Print Name

Date

Name	Email Address	Phone Number	Occupation	Years Known

Any other relevant information? (Experiences, skills or qualifications, health concerns that may interfere with types of volunteer work, etc.). _____

MISCELLANEOUS INFORMATION

Have you had a recent chest x-ray/T.B. test? Yes No If yes, please provide a copy

Have you had a Criminal Record check? Yes No If yes, please provide a copy

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.

Applicant Signature _____ Date _____

OFFICE USE ONLY

