

**The Olde Forge Seniors' Support Service
VOLUNTEER APPLICATION FORM**

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

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Date: _____

Name: _____

Address: _____ Postal Code _____

Phone: Home: _____ Business: _____ Other: _____

Language spoken: English: _____ French: _____ Other _____

Training/Skills/Employment Background: _____

Special Interests or Hobbies: _____

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

Present or Previous Volunteer Jobs: _____

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: _____

Volunteer _____ Tel. _____

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

1. Name: _____ Phone: (day-time) _____
Address: _____
2. Name: _____ Phone: (day-time) _____
Address: _____
3. Name: _____ Phone:(day-time) _____
Address: _____

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

FOR OFFICE USE ONLY:

REFERENCES: _____ POLICY STMTS. _____ CONSENT FORMS: _____

INTERVIEWED BY : _____ DATE: _____

DATE ACTIVE: _____

COMMENTS:

TERMINATION DATE: _____ STAFF: _____

CLOSED:

PROGRAM NOTES _____ FILE _____ NESDA _____ MAIL LIST _____ OTHER _____