



VOLUNTEER APPLICATION FORM

Date: _____

Name _____
Last Name First Name

Address: _____ City/Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ e-mail: _____

School (If currently a student)

School Name: _____ Program you are enrolled in: _____

Volunteer Experience:

Organization	Position/Duties	Timeline

References: (Please supply 3 references at least 2 of which live in Red Deer that we may contact.)

Name	City	Phone #

Do you have any experience with Seniors? No Yes If yes, please describe: any special skills that you feel would be relevant _____

Why do you want to volunteer with Seniors? _____

Are you willing to submit a criminal background check? Yes No

What days and times during the week would be convenient for you to do your volunteer work? _____

Are you available throughout all the months of the year? Yes No (If no please specify) _____

How did you learn about our volunteer program? _____

Please list any hobbies, interest and activities that you enjoy: _____

What kind of volunteering would you like to do? Supportive Transportation Friendly Visitor Deliver Groceries Bingos Senior Lunch Express Front Desk Lunch Cash Special Events Banquets Kitchen Rebel hockey program Programs or classes Other _____



If you have your own vehicle, would you be interested in assisting with transporting seniors to functions or appointments? Yes No If no, please sign below

If yes, how many passengers does your vehicle seat? _____

Are you able to carry a wheelchair or a walker? No—wheelchair Yes—wheelchair No-walker Yes-walker

Do you have a valid drivers license? (photocopy of license required)? Yes No

Is your vehicle registered? (photocopy of registration required.) Yes No

Do you have a minimum of \$1,000,000 liability on your insurance policy? (photocopy of insurance required).
Yes No

Thank you for applying!

I hereby acknowledge that the above information is accurate and true and that if any information has been falsely disclosed, it is cause for termination as a Golden Circle Volunteer.

SIGNATURE: _____

Volunteer Coordinator: _____

Personal information provided here will not be used for purposes other than those related to the Golden Circle Senior Resource Centre. Your information will be handled with respect, and will not be sold, given away, or provided to parties outside of the Golden Circle Senior Resource Centre without your consent, unless law required that it be shared.

Thank you for your interest in volunteering with the Golden Circle Senior Resource Centre. Please mail, fax or hand deliver your application to:
 4620-47 Avenue
 Red Deer, Alberta T4N 6C3
 Phone: 403-343-6074 Fax 403-3437977

