



Seniors  
Services  
Society

## VOLUNTEER APPLICATION

Office use only

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

### CONTACT INFORMATION

Name:	
Address:	
City/Postal Code:	
Home Phone:	
Work Phone:	Cell Phone:
E-Mail:	

### AVAILABILITY (Please tick and circle)

Weekday mornings:

Weekday afternoons

Monday

Tuesday

Wednesday

Thursday

Friday

Available on weekends  yes

Available in the evening  yes

### PERSONAL INFORMATION:

Driver's License Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Car Make and Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

### LANGUAGES

Spoken

Written

**PLEASE INDICATE THE PROGRAM(S) AND POSITION YOU ARE INTERESTED IN.**

Program	Position	Position	Position
<input type="checkbox"/> Meals on Wheels:	<input type="checkbox"/> Driver	<input type="checkbox"/> Runner	
<input type="checkbox"/> Grocery Program:	<input type="checkbox"/> Order Taker	<input type="checkbox"/> Shopper	
<input type="checkbox"/> Dinning Club	<input type="checkbox"/> Hostess		
<input type="checkbox"/> Lunch Club	<input type="checkbox"/> Hostess		
<input type="checkbox"/> Friendly Morning Calls	<input type="checkbox"/> Caller		
<input type="checkbox"/> Caring for the Caregiver	<input type="checkbox"/> Visitor		
<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Reception	<input type="checkbox"/> Data entry	<input type="checkbox"/> General Office Help
<input type="checkbox"/> Tax Clinic	<input type="checkbox"/> Reception	<input type="checkbox"/> Tax Preparer	
<input type="checkbox"/> Outreach	<input type="checkbox"/> Packer/Mover		
<input type="checkbox"/> Transportation	<input type="checkbox"/> Driver		
<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Office	<input type="checkbox"/> Outreach	
<input type="checkbox"/> Snow Shoveling	<input type="checkbox"/> Shoveling	<input type="checkbox"/> Supervise	

**REFERENCES** (Names and phone numbers)

Please list 2 references whom we might contact:

1.

Personal Reference

2.

Work/Volunteer Reference

**VOLUNTEER INFORMATION**

Where did you hear about Seniors Services?

What interests you about our agency?

Please List current hobbies and/or interests you have.

Have you volunteered before? If so where and when?

## Volunteer Agreement and Signature

My signature below is authorization to the Seniors Services Society to perform a background check which shall include:

- **CALLING PERSONAL REFERENCES**
- **CRIMINAL RECORD CHECK** (Volunteers are responsible for having this free record check done by their local police station)
- **DRIVER'S ABSTRACT** (Required for volunteer drivers only)

Submitted herewith is a copy of my driver's license, abstract and vehicle insurance which will be attached to my volunteer application.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that all my personal information collected will be strictly confidential.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I affirm that all information I might read, hear or see is considered to be strictly confidential.

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

To Volunteer Contact: [volunteer@seniorsservicesociety.ca](mailto:volunteer@seniorsservicesociety.ca)

I also understand and give permission for my photo to be taken for security and ID protection. I give permission for use of my photo performing my volunteer duties to be used for publicity and website purposes if needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attended Orientation \_\_\_\_\_