
Volunteer Application Form

Date (mm/dd/yy) _____

Thank you for your interest in becoming a volunteer with us. By volunteering your time for this program, you are part of a community initiative to help local seniors remain connected to their community. As a volunteer, you choose the services you are interested in providing, your availability and time commitment. We appreciate all the help, even if it is on an occasional basis.

The steps to becoming a volunteer are as follows:

- | | |
|---------------------------------------|------------------------|
| 1. Complete and Submit Application | 4. Online Orientation |
| 2. Interview with Program Coordinator | 5. Volunteer Placement |
| 3. Criminal Record Check | |

Applicant Information:

Full Name _____ Birthdate _____

Mailing Address _____

City _____ Postal Code _____

Phone: Home # _____ Cell # _____

Email _____

Preferred Method of Contact: Phone Cell Email

Languages (other than English) _____ spoken _____ written

Which services are you interested in volunteering for:

- | | |
|--|--|
| <input type="checkbox"/> Transportation * | <input type="checkbox"/> Friendly Visiting/Tele-Friend |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Simple Home Repairs |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Technology Help |
| <input type="checkbox"/> Cycling Without Age | <input type="checkbox"/> Caregiver Support |

** Volunteers that will be driving a senior in their vehicle will need to provide a copy of their driver's license, insurance and an abstract to be kept on file.*

What interests you in volunteering with seniors?

Please tell us about any special skills or experience you bring to these programs:

Please identify any health or physical restrictions that may affect your volunteer activity:

Availability & Preference:

Please provide us information on your availability (hours, days etc)

Emergency Contact: _____ **Phone:** _____

References:

Please provide three employer, volunteer or personal reference names and phone numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby consent to OneSky Community Resources & the Seniors Wellness Society collecting and using the personal information supplied above solely to provide, or inform me about programs, services and events or for statistical purposes.

Signature _____ **Date** _____

Completed applications can be submitted via:

Email: SeniorsWellnessSociety@OneSkyCommunity.com

Drop through the mail slot at OneSky Community Resources, 330 Ellis Street., Attn: Misty