

Volunteer Application Form

Date (mm/dd/yyyy) _____

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 _____

Home # _____ Cell # _____

Email _____

Mailing Address _____

City _____ Postal Code _____

Preferred Method of Contact: Home# Cell# Email

Languages (other than English)

	Spoken	Written
	Spoken	Written

Which services are you interested in volunteering?

Transportation*	Delivery	Friendly Visiting/Tele-Friend
Simple Home Repair	Yard Work	Snow Removal
Office Support	Technology Support	Cycling Without Age
Caregiver Support		

**Volunteers who will be driving a senior in their vehicle must provide a copy of their driver's license, insurance and driving record (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

Name _____ 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 (mm/dd/yyyy)

Completed applications can be submitted via:

Email: SeniorsWellnessSociety@OneSkyCommunity.com

Drop through the mail slot at OneSky Community Resources, 330 Ellis Street, Penticton, Attention: Misty