



Volunteer Application

Thank you for your interest in volunteering for this important COVID-19 Emergency Response initiative. Together, we can help seniors remain safe in their homes and reduce the detrimental effects of social isolation by keeping in contact and connecting them to community. We greatly appreciate your help.

Date: _____

Applicant Information

Full Name _____ Birth Date _____

Home # _____ Cell # _____

Email: _____

Address: _____

City _____ Postal Code _____

Preferred Method of Contact: Call Home# Call Cell# Text Email

Languages (other than English)

	spoken	written
	spoken	written
	spoken	written

Which services are you interested in volunteering for (check all that apply)?

Phone and/or virtual check-ins

Prescription pickup and delivery

Grocery Shopping

Essential Transportation

Grocery Delivery

Laundry Services

Meal prep

Tech Support

Meal Delivery

Admin Support

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

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

References

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Referred by: BC211 Other _____

Community in which you are available (check all that apply):

- | | | |
|-----------|----------|------------|
| Penticton | Naramata | Summerland |
| Kaleden | OK Falls | Oliver |
| Osoyoos | Keremeos | Princeton |

Emergency Contact: _____ Phone: _____

Submit your completed application to
seniorswellnesssociety@oneskycommunity.com or
Mail it to 330 Ellis Street, Penticton, BC V2A 4L7