



CONFIDENTIAL APPLICATION FOR VOLUNTEER SERVICES

Seniors' Active Living Centre

Date: _____

CANES Staff Person: Heather Williams

A. General Information

Name _____

Address _____ Apt. # _____

City _____ Postal Code _____

Closest intersection _____ Mode of Transport _____ Metropass _____

Phone: Home _____ Bus. _____

Cell _____ Fax _____

E-mail _____ Smoking envir't: Yes _____ No _____

How did you hear about CANES? _____

In case of emergency, who should we contact? Name _____

Phone _____ Relationship _____

B. Placement Information

Interests /Hobbies _____

Skills/Qualifications _____

Work Experience (Including with seniors) _____

Education/Training _____

Volunteer Experience (Including with seniors) _____

Comments: _____

Languages: Spoken _____ Written _____

Other Commitments _____

Accommodations/Needs _____

C. Availability between 8:30 a.m. and 5:00 p.m.

	Monday	Tuesday	Wed	Thursday	Friday
Morning					
Afternoon					

How many hours per week or month could you volunteer? _____

How long can you commit to volunteer? _____

Start Date _____ End Date (if known) _____

D. References

Please provide 2 references, with phone numbers, other than relatives

1. _____

2. _____

Volunteer positions are conditional upon criminal and personal reference checks. Your signature grants permission for CANES to contact the above references.

Signature

Witness