



Volunteer Application Form

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

CONTACT IN CASE OF EMERGENCY: _____

PHONE #: _____

ALTERNATE PHONE #: _____

(A) SKILLS AND INTEREST

1. Educational Background: _____

2. Occupation/Work Experience: _____

3. Hobbies, Skills, Interests: _____

4. Past/Present Volunteer Experience: _____

5. Languages Spoken: _____

(B) PREFERENCES IN VOLUNTEERING

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

- Visiting one-on-one with residents
- Working with staff as an assistant
- Assisting with Special Events
- Assisting with Resident Newsletter

- Assisting on bus trips
- Assisting with crafts
- Entertaining
- Assisting with Gardening Program

Other: _____

Mission: As a not for profit Society, our mission is to offer a premium level of care, support and housing for seniors; providing respect, compassion and dignity in a safe and active retirement community.



(C) AVAILABILITY

1. At what times are you interested in volunteering?

- Am Flexible Prefer Weekdays Prefer Evenings
 Prefer Weekends Prefer Days Other: _____

How many hours per week? _____

(D) COMMITMENT

1. Why are you interested in volunteering at Augustine House?

2. What do you hope to gain from being a volunteer?

3. Is there any other information you would like to add?

(E) BACKGROUND VERIFICATION

1. Please list two non-family references that we may contact. (One personal and one business, or volunteer related.)

Name: _____ Phone _____

Name: _____ Phone _____

2. I am aware that I will need to have a criminal record clearance from the RCMP / Police prior to being a volunteer at Augustine House. YES