



Parkwood
SENIORS COMMUNITY

PARKWOOD MENNONITE HOME

VOLUNTEER APPLICATION

For office use only

- Regular** Start Date: _____
- Student** _____ school/program Position: _____
- Staff / Resident** Day/Time/Hrs: _____
- Supervisor: _____**
- Police check** **References** **Name tag** **Database**
- Parental Consent** **TB results**

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Transportation: Public: _____ Own: _____

Spoken Languages: _____ Occupation: _____

Health Issues: _____
(allergies, back problems, epilepsy, etc.)

Person to contact in case of illness: _____

Phone number of contact: _____

Relationship to you: _____

Are you under 18 yrs. of age? _____ Day and Month of Birth: _____

Where did you hear about our home?

Previous volunteer and/or related experience: _____

Special skills, training, interest or hobbies: _____

Why do you want to volunteer?

I am able to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Holidays							

The agreed upon time commitment is for at least _____ months.

WAYS YOU CAN VOLUNTEER

- Feeding Assistant
- Friendly Visitor
- Coffee Shop Assistant
- Exercise Assistant
- Pastoral Care Visitor
- Palliative Care Visitor
- Hair Salon Assistant
- Office Assistant
- Activities Assistant
 - Cards
 - Bridge Euchre Solo other _____
 - Games
 - Scrabble Shuffleboard Billiards
 - Bingo Wii Bowling other _____
 - Music/Entertainment
 - Singing Playing an instrument Drama
 - Crafts
 - Knitting Pottery Painting Baking
 - Gardening other _____
 - Discussion Group
 - Current events Bible study Travelogue
 - Men's group
 - Special Events
 - Movies Tea/Dinner Devotion services
 - Walking Reading Chair Exercises

REFERENCES

Please provide names and telephone numbers of three references (other than friends or family):

1. Name: _____ Phone No./Email _____

How do you know this person? _____

2. Name: _____ Phone No./Email.: _____

How do you know this person? _____

3. Name: _____ Phone No./Email: _____

How do you know this person? _____

I give permission for Parkwood Mennonite Home to contact the persons named as references to ascertain my suitability as a volunteer here at Parkwood Mennonite Home.

I also certify that all information given in this application is correct and that any falsified information could lead to my termination as a volunteer with Parkwood Mennonite Home.

Applicant Signature: _____

Date: _____

Volunteer Manager: Laura Gorman
All information will be kept in the strictest confidence.