**VOLUNTEER APPLICATION**

**Please complete both sides**

## Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | **Date of birth: (dd/mm)** | | |
| **Address**: (please include city and postal code) | | | | |
| **Home Phone:** | **Cell Phone:** | | | **Work Phone:** |
| **E-Mail Address\*:** | | | **Check 🗹 to receive e-newsletter?** | |
| **Preferred Contact:** Phone Email  | | | | |
| **Access to a vehicle:** Yes  No | | | | |
| **Languages spoken:** English French Other : | | | | |
| **Languages written:** English French Other : | | | | |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Relationship:** | |
| **Home Phone:** | **Cell Phone:** | | **Work Phone:** |

## Availability: During which hours are you available for volunteer assignments? Please check 🗹

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

## Interests: Please check 🗹 which areas you are interested in volunteering. Please note that not all opportunities are available at any given time.

|  |  |
| --- | --- |
| Leadership:  Fundraising Committees  Board of Directors | Special Events Day-of:  Tag Day Coffee Break  Truck Pull  Walk for Mem.  Hockey Game |
| Marketing / Communications:  Writing & editing skills  Graphic arts  Social media | Financial Processing  Preparing deposits  Records reconciliation |
| Education/Awareness:  Public Education Ambassador  Promotions/presentations | Administrative Support  Database management  Research projects |
| Client Support  Support Group Facilitator  Friendly Visiting  Client calling | Helping out but not sure what opportunity is right for me |
| Student Placement |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## What skills and talents would you bring to your volunteer role(s)?

## What relevant experience would you bring to your volunteer role(s)?

## References: At least one reference should be related to paid employment or volunteer work.

|  |  |
| --- | --- |
| Name: | Phone: |
| Relationship: | |
| Name: | Phone: |
| Relationship: | |
| Name: | Phone: |
| Relationship: | |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that the information provided on this application form is true and correct and that it may be used to determine my suitability for this position, including the contacting of references indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant Signature*  *Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian* Signature  *Date***

*Please note: A parent/guardian must also sign for volunteers under 18 years of age*

Mail, fax or email form to:

**Karen Beaney**, Volunteer/Friendly Visiting Coordinator

183 Simcoe Street, Peterborough, Ontario K9H 2H6

TEL: (705) 748-5131 • FAX: (705) 748-6174

[karen@alzheimerjourney.ca](mailto:karen@alzheimerjourney.ca)

Applicants will be contacted to discuss suitability and current opportunities.