



Volunteer Application Form

Contact Information			
Name			
Address			
City			
Home Phone	Cell Phone	Work Phone	Email
Are you under the age of 13 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what adult will be accompanying you?	
Emergency Contact Information			
Name			
Phone Number		Relationship	
References (Please provide three references from present/past employer and/or volunteer experiences etc.)			
Name of Reference #1			
Phone Number			
Relationship to Applicant			
Name of Reference #2			
Phone Number			
Relationship to Applicant			
Name of Reference #3			
Phone Number			
Relationship to Applicant			
Education/Training			
Do you have access to a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of License:	

Volunteer Application Form – Continued

Previous employment/Volunteer Experience

Special Skills and/or Areas of Interest

Languages spoken			
Area of Volunteering preferred	<input type="checkbox"/> Recreation <input type="checkbox"/> Dietary <input type="checkbox"/> Nursing <input type="checkbox"/> Maintenance <input type="checkbox"/> Housekeeping/Laundry		
Type of Volunteer	<input type="checkbox"/> Student <input type="checkbox"/> Casual <input type="checkbox"/> Regular		
Availability	Days of the Week	Time of Day or Evening Available	Number of Hours per Week

I confirm that the information provided above is true and accurate. I give permission to Centennial Place to call my references.

 Signature Print Name Date