



Volunteer Application Form

Date of Application:

Name:

Address:

City:

Postal Code:

Home #:

Cell #:

E-Mail Address:

Emergency Contact:

Phone #:

Number of Hours Available to Volunteer Each Week:

When Are You Able to Volunteer? (Please fill in time beside days):

Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Please list two people who can be contacted for a reference:

Name:

Phone #:

Name:

Phone #:

List Any Previous or Current Volunteer Experience:

(Please list organization, position and dates of service)

Why do you want to serve in this position? How do you hope to benefit?

List the qualifications and skills that you bring to this position:

Volunteer Interests

(Please select all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> 1-1 Visiting | <input type="checkbox"/> Pub Nights |
| <input type="checkbox"/> Socials/Teas | <input type="checkbox"/> Crosswords | <input type="checkbox"/> Manicures |
| <input type="checkbox"/> Outings/Shopping | <input type="checkbox"/> Walking Group | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> Cards | <input type="checkbox"/> Exercises | <input type="checkbox"/> Special Events |

Other

Musical Instrument played:

Birth Month and Date (optional):

Please note:

- We require all volunteers at Gemstone Care Centre to commit to a minimum of two hours per week.
- Please be advised that any children under the age of 12 MUST be accompanied by an adult at all times.

I am over the age of 12.