



## ***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.