



## ***Volunteer Application Form***

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Emergency Contact & #:** \_\_\_\_\_

**Number of Hours Available to Volunteer Each Week:** \_\_\_\_\_

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

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**Please List to 2 people who can be contacted for references:**

**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?**

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

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**Volunteer Interests**

(Please Select)

- |   |  |   |
|---|--|---|
| <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 |
| <input type="checkbox"/> Other: _____     |  |   |

**Musical Instrument played:** \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date