

R.K. MacDonald Nursing Home

Life & Leisure Services – Volunteers

Volunteer Application Form

Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

E-Mail Address: _____

Age Range: Under 18 _____ Over 18: _____

Emergency Contact: (Please print name & phone number of contact)

Occupation _____

Employer: _____

Student: Yes _____ No _____ Program _____

| TIME AVAILABLE | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Please check off times and days available.

TRAINING, SKILLS, & INTERESTS

Please list any training, skills, interests, or languages spoken that might help you in a Volunteer Assignment.

Why would you like to Volunteer with the R.K. MacDonald Nursing Home?

How did you learn about our program?

Do you have any previous Volunteer Experience?

1. _____

2. _____

3. _____

References: (Please list 3)

| Name | Occupation | Telephone Number |
|------|------------|------------------|
|------|------------|------------------|

1. _____

2. _____

3. _____

A CRIMINAL RECORDS CHECK IS REQUIRED PRIOR TO ACCEPTANCE AS A VOLUNTEER

SIGNED: _____ **DATED:** _____

(If under the age of 18 – please have your parents complete the following:)

**My daughter/son _____ has my permission to serve as a
Volunteer at the R.K. MacDonald Nursing Home.**

Signature of one or both Parents/Guardians _____