



Volunteer Application

Volunteer Name: _____ Phone: _____
Mailing Address: _____ City: _____
Province: _____ Postal Code: _____ Email: _____
Emergency Contact Person: _____ Relationship: _____
Phone: _____

Youth Volunteer Consent

I, _____, provide consent for _____ to volunteer at Evergreen Seniors Home.

(Signature of parent or guardian) (Date)

How did you hear about the Volunteer Program at Evergreen Seniors Home?

What is your reason for wanting to Volunteer?

Personal Interest

Require hours for entry into a health-care educational program

Work experience or Practicum

Seeking Employment

Other, please specify: _____



Do you have previous volunteer experience? If yes, please give details:

What are your skills and interests that might be helpful during your volunteer work at Evergreen? (Please include other languages that you may speak.)



To Be Completed at the Volunteer Orientation:

Date of Volunteer Orientation: _____

TB Test Received? Y N

Criminal Record Check Received? Y N

Influenza Vaccine discussed? Y N

Volunteer Job Description? Y N