

**Grandview & District Community Resource Council Inc.**  
**FEE FOR SERVICE APPLICATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone AM \_\_\_\_\_ PM \_\_\_\_\_ Cell \_\_\_\_\_ Bus. \_\_\_\_\_

**Past or present experience in caring/working with seniors/handicapped:**

**Current or previous job experience:**

**What services are you interested in?**

Friendly Visits  Vacation Home Check

Errands  Heavy cleaning  Yard Work  Meals  Escort  Companion  Snow Removal

Telecheck  Shopping  Life Line  Transportation  Home Repair

**What time are you available?**

Mornings  Afternoons  Evenings  Weekends

Do you have use of a vehicle? Yes  No

**References**

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been charged with or convicted of a criminal offence? Yes  No

Will you consent to a criminal records check? Yes  No

**Please briefly explain why you want to work with seniors (use other side if necessary)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_