

**Grandview & District Community Resource Council Inc.**  
**VOLUNTEER APPLICATION FORM**

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

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

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

**Employment Status** Full Time  Part Time  Unemployed  Student  Homemaker  Retired

Other: \_\_\_\_\_

Past or present volunteer experience: \_\_\_\_\_

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

**What volunteer 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

**Volunteer Time 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

**Reasons for volunteering (use other side if necessary)**

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