

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: _____