



**Renfrew and Area Seniors' Home Support Inc.**

Unit 3 – 180 Plaunt St. S.

Renfrew, ON K7V 4H3

Office: 613-432-7691 Fax: 613-432-7436

[www.seniorshomesupport.ca](http://www.seniorshomesupport.ca)

**APPLICATION FOR VOLUNTEER SERVICE**

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_

Township \_\_\_\_\_

**PREFERENCES:**

Language: English ( ) French ( )

Preferred form of communication: Home Phone ( ) Cell Phone ( ) Email ( )

If you are involved as a volunteer and an emergency arises, whom should we contact?

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ABOUT YOU:**

How did you learn about our program?

( ) Family/friend ( ) Staff ( ) Volunteer ( ) Client ( ) Newspaper ( ) Radio

( ) Other (specify): \_\_\_\_\_

Why do you want to volunteer with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

Board of Directors ( )

Security Checks ( )

Office ( )

Fundraising ( )

Friendly Visiting ( )

Grocery Delivery ( )

Local Transportation ( )

Long Distance Transportation ( )

Frozen Meals ( )

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

**AVAILABILITY**

Please note that most of our program volunteer opportunities are during weekdays with fundraising activities having some weekend hours.

Mornings ( )      Afternoons ( )      Evenings ( )      Weekdays ( )      Weekends ( )

**VOLUNTEER BACKGROUND**

Work Experience

---

---

---

---

---

Volunteer Experience/Community Involvement

---

---

---

---

---

Skills/Hobbies/Interests/Activities willing to share:

---

---

---

---

Education/Certifications (CPR, First Aid, Safe Food Handler)

---

---

---

Do you have any special needs to take into consideration when selecting a suitable volunteer position? (lifting, allergies, medical conditions)

---

---

---

---

What personal qualities do you have that would help you when volunteering with seniors and/or adults with disabilities? What experience do you have with seniors/adults with disabilities?

---

---

---

---

**REFERENCES:**

Please list three (3) references who are not related to you by blood or marriage and who can verify your past volunteer/work experience. If applying to be a volunteer driver, please provide references that have driven with you.

Name	Phone	Relationship

I hereby authorize any person or company I have listed as a reference as well as any persons referred by these references to disclose in good faith any information they may have regarding my qualifications. I will not hold Renfrew and Area Seniors' Home Support, any former employers, and any other persons giving references liable for the exchange of this information and any other reasonable information relevant to the selection process.

By signing below, I authorize Renfrew and Area Seniors' Home Support to access and release information relative to this application.

---

Volunteer Signature

---

Staff Signature

---

Date

---

Date

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide truthful and complete information throughout this application process and will not withhold information that would unfavorably affect my application for a volunteer position.

I understand that a Vulnerable Sector Search conducted by the Ontario Provincial Police is a requirement to volunteer with Renfrew and Area Seniors' Home Support and that Renfrew and Area Seniors' Home Support will provide me with the application form. The Vulnerable Sector Search includes a search of the pardoned sexual offender database and is to be completed by your local OPP Detachment.

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

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