

Teck Pioneer Residence

Home for the Aged

Volunteer Application

Name: _____ Address: _____

Phone #: Home: _____

Business: _____

Name and address of person to contact in case of illness on duty

_____ Phone #: _____

Volunteer or community service experience:

Special skills, interests or training:

Languages spoken:

1. Why are you interested in working at the Residence?

2. Are you available to work:

Mornings Afternoons Evenings Weekends

3. Are you willing to have a flu shot? Yes ____ No ____

4. Are you willing to provide a police record check? Yes ____ No ____

5. Do you know of a specific area in the Home where you would like to work? If so, please specify.

6. Do you have any restrictions on the activities you may perform at the Home? Please specify.

7. Various areas of service are indicated below.

Please indicate if you are interested in any of these:

Activities

Special Events

Visiting

Corner Store

Escorting

Driving

Please list two references that are not part of your family.

1. Name: _____
Address: _____
Phone: (Home) _____ (Business) _____
Relationship: _____

2. Name: _____
Address: _____
Phone: (Home) _____ (Business) _____
Relationship: _____

Date: _____ Signature: _____