



**Dufferin Oaks Home For Seniors**

**Volunteer Application Form**

Date:	
Name:	
Address: (Including Postal Code)	
Phone Number:	
Best Time To Be Contacted:	

**EMPLOYMENT BACKGROUND**

Work Experience:	
Vocational or Special Training	
Reference: (Include a Phone Number)	
Reference: (Include a Phone Number)	

Can we contact these references?

Yes\_\_\_\_\_ No\_\_\_\_\_

## EDUCATION

Name of last school:	
Area of study:	
Other courses taken:	
Previous Volunteer Experience:	
Reasons for Volunteering:	
Special skills/hobbies/interests:	

Indicate how you might like to become involved:

1. Group Activities: Yes \_\_\_\_\_ No \_\_\_\_\_

- List any specific activities you would like to conduct or assist with.  
(eg. games, crafts, reading, music, special trips)

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2. Individual Activities: Yes \_\_\_\_\_ No \_\_\_\_\_

- List any specific activities you would like to do with a resident ( e.g. write letters, teach a skill, read, visit, help with a hobby, be a special friend, a volunteer driver, etc.)

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**AVAILABLE TIME**

Please check what times suit you best for volunteering:

	MORNING	AFTERNOON	EVENING	PREFERENCE
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
On Call				

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

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

When forms are completed, or if you have any questions, please contact Angie Matthews, Program and Support Services Manager at (519) 925-2140 ext. 5242.

Thank-you for your interest in our Volunteer opportunities!

(M:P&S/A&V/VOL-APPLICATION)  
#1-126/80(R03)