



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)

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.)

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)