

Name		Emergency Contact	
Address		Name	
City		Address	
Postal Code			
Email:		Telephone Number:	
Cell Phone			
Home Phone:		Relationship:	
Occupation or Grade Level			
What is your reason for choosing to volunteer at the Villa?			
Have you ever done volunteer work before?			
If so, please describe or give details of the type of volunteer work?			
Number of hours you are willing to volunteer ____ week ____ month			
What day of the week are you available?			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
What hours of the day are you available?			
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings			
Please check off any area of interest in volunteering			
Baking/Cooking		Horticulture/Gardening	
BBQ's/Picnics		Musical Entertainment	
Church/Bible Study		Portering	
Crafts/Workshops		One to One Visiting	
Dining Room Assistance		Outings	
Fund Raisers		Pet Therapy	
Games		Playing the piano or other instruments	
Cafe/Greeting		Special/ Social events	
Clerical/Computer		Reading Aloud/Letter Writing	
Pub Assistant (age 19+)		Computer Assistance	

Other activities you may be interested in volunteering for?

Primary Language _____

Secondary Language (s) _____

Would you be interested in assisting with communication/interpreting if you speak other languages?

Yes No

Special Interest/Hobbies/Talents _____

Do you prefer to work in large groups, small groups or one to one with residents? _____

Loch Lomond Villa seeks to protect the residents, volunteers, employees and the community through appropriate screening measures. References and police checks are required for all team members and volunteers over the age of 18. Please provide the names of three references that we may contact. (please use non family references e.g. coach, teacher, neighbour)

Name
Relationship
Phone Number
Best time to contact:

Name
Relationship
Phone Number
Best time to contact:

Name
Relationship
Phone Number
Best Time to contact:

Have you, the volunteer applicant named on this form, ever been involved in criminal activity?
 Yes No

I hereby authorize Loch Lomond Villa Inc to contact the above references.

Signature

Date

Volunteers from the age of 14 to 18 require Parental/Guardian Consent.

Signature of Parent/Guardian

Please print Name

Date

The facts that are outlined above on my application are true and complete. I understand that if I am selected, any false statements on this application shall be deemed to be cause for immediate dismissal.

Signature: _____ Date: _____

Please submit completed Volunteer application to Cathy Taylor-Volunteer Coordinator

Enriching Life's Journey