

**VOLUNTEER APPLICATION FORM**

**NAME:** Mrs. Miss Mr. \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE:

Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Best Time to call \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**BIRTH DATE:**

Date Month Year \_\_\_\_\_

**Contact person in case of emergency:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have any health concerns that would interfere with you volunteering with us?

\_\_\_\_\_

**Please provide two personal references:** (other than family)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Education/Skills:** High School, University, Technical, Health Care Field (please circle)

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Other Relative Experience: \_\_\_\_\_

Are there any particular skills or hobbies of yours that you would feel comfortable/willing to share?

\_\_\_\_\_

Kiwanis Pavilion has a variety of Activity Programs in which volunteers can participate. We offer programs Monday – Friday from 8am-4pm.

- |  |   |
|--|---|
| <input type="checkbox"/> Entertainment Socials     | <input type="checkbox"/> One to One Visits          |
| <input type="checkbox"/> Christian Fellowship      | <input type="checkbox"/> Cards & Games              |
| <input type="checkbox"/> Garden Works (seasonal)   | <input type="checkbox"/> Ladies Afternoon Tea Group |
| <input type="checkbox"/> Bus Outings               | <input type="checkbox"/> Kitchen Creations          |
| <input type="checkbox"/> Bowling                   | <input type="checkbox"/> Pet Visits                 |
| <input type="checkbox"/> Exercise/Walking Programs | <input type="checkbox"/> Grand's & Tots             |

**Please indicate the length of commitment:**    6 Months    Longer    Not Sure    Seasonal

**Please indicate time available:**

- |                                    |                                  |                                    |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

Where did you hear about our Volunteer Program? \_\_\_\_\_

**PLEDGE OF CONFIDENTIALITY:**

As A Volunteer, I will respect the confidentiality of all medical and personal information regarding residents, and I will refrain from discussing such information outside the Kiwanis Pavilion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The residents & staff of the Kiwanis Pavilion would like to thank you for your interest in our volunteer program. We look forward to working with you.

**Please return your volunteer application form to:**

Tara Shanks  
Volunteer Coordinator  
Kiwanis Pavilion  
3034 Cedar Hill Road, Victoria, BC  
V8T 3J3