

VOLUNTEER APPLICATION FORM

NAME Mrs Ms Mr _____

ADDRESS _____

POSTAL CODE _____

PHONE

Home _____ Mobile _____

Best Time to call _____

Email Address _____

BIRTHDAY Date Month Year _____

Contact person in case of emergency

Name _____ Phone # _____

Name _____ Phone # _____

Do you have any health concerns you are concerned might 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. Please tick any of interest.

- | | |
|--|---|
| <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 3 Months 6 months + Seasonal Unsure

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 restrain 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, CVA
Volunteer Coordinator
Kiwanis Pavilion
3034 Cedar Hill Road, Victoria, BC
V8T 3J3
tshanks@obkp.org