



# Windsor Elms Village

- ☐ Handbook
- ☐ Application Form
- ☐ Confidentiality
- ☐ Media Consent
- ☐ Criminal Record
- ☐ Tour & Orientation
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## **Volunteer Application**

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (Name/Number): \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Volunteering availability:**

- ☐ I'm interested, but not sure of my availability yet, please follow up with me closer to
- ☐ I can help anytime, just let me know in advance!
- ☐ I can help on specific days/times (please check boxes below)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

How many hours per week/month are you willing to commit? \_\_\_\_\_

Why do you want to volunteer at Windsor Elms?

\_\_\_\_\_

What are your hobbies and interests?

\_\_\_\_\_

Current Occupation/Schooling

What type of related experience do you have? (Attach resume if necessary)

\_\_\_\_\_

### **Areas of Interest while Volunteering:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walks with residents             | <input type="checkbox"/> Calling/assisting with Bingo | <input type="checkbox"/> Supporting special events |
| <input type="checkbox"/> 1:1 visit with residents         | <input type="checkbox"/> Bowling support              | <input type="checkbox"/> Supporting church         |
| <input type="checkbox"/> Supporting live music            | <input type="checkbox"/> Bus trips/outings            | <input type="checkbox"/> Spiritual companionship   |
| <input type="checkbox"/> Performing/musical entertainment | <input type="checkbox"/> Gardening support            | <input type="checkbox"/> Animal visits             |
| <input type="checkbox"/> Cards/games                      | <input type="checkbox"/> Leading activities           | <input type="checkbox"/> Palliative care visits    |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> Supporting rec activities    |  |

List three characters references, names/phone numbers/emails (no family members please)

1.

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2.

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3.

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Applicant's Signature: \_\_\_\_\_

**\*\*Please return completed forms to our Volunteer Coordinator, Michaela Tracy ([lem@winelms.ca](mailto:lem@winelms.ca)), in the recreation office, or drop off at the Front Desk\*\***