



Volunteer Application Form

Name: _____ **Email:** _____

Address: _____

Primary Phone #: _____ **Alternative Phone #:** _____

Language(s) Spoken: _____

Time(s) Available (please circle): Morning (9:00am – 12:30pm) Afternoon (1:00pm – 5:30pm)
Evening (5:30pm-8:00pm)

Day(s) Available (please circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

Previous work or volunteer experience: _____

Special Interests: _____

Why do you want to volunteer at Haro Park Centre? _____

Can you make a 3-month commitment? _____

Have you completed your Criminal Record Check? Yes / No

Please provide a reference that we may contact, Name: _____

Phone #: _____ **Relationship** (teacher, minister, home stay, etc): _____

Volunteer Signature: _____ **Date:** _____

We look forward to having you work with us and having you as part of our Team!

(OFFICE ONLY)

Date received: _____

Date of Orientation: _____

Date of mobility aid training: _____

Volunteer Schedule: _____

Comments: _____

- Handbook Given
- Confidentiality Statement signed
- Infection control review
- Facility tour
- Review of procedures
- Date entry/name tag
- Criminal Record Check