



Simcoe Muskoka Cyber Seniors
VOLUNTEER APPLICATION FORM

Telephone: (705) 721-7520 Ext. 7808

Fax: (705) 721-1495

First Name:	Last Name:	
		Initial
Mailing Address:		
		Apt #
Town/City	Province	
Cell/Home:	Email:	
Languages Spoken: ENG <input type="checkbox"/> FR <input type="checkbox"/>	Other:	
Date of Birth:		
SECTION 2: VOLUNTEER ASSESSMENT		
Employment and Volunteer History <i>(information used for matching with client)</i>		
Current Employer:		
Previous Employment:		
Volunteer Experience:		
Relevant Training Experience:		
Volunteer Interest		
Where did you hear about Cyber Seniors Volunteer programs?		
What appeals to you about volunteering with us?		
What goals do you have for this volunteer experience?		
Do you have a geographic preference for where you volunteer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please indicate where:		
Do you have any health concerns that we should be aware of? (e.g. allergies, epilepsy, vision or hearing impairment) YES <input type="checkbox"/> NO <input type="checkbox"/>		



Volunteer Availability	
How much time would you like to contribute to Cyber Seniors? (e.g. hours per week or month):	
What days/times work best for you?	
SECTION 3: CHARACTER REFERENCES & POLICE RECORDS CHECK	
To ensure the safety of our senior participants we carefully screen all volunteer applicants. As part of this process, you are required to provide a character references from an individual who is not related to you. If you are 18 years of age or older a police records check may be required. We will process your application upon receipt of your character references and police records check.	
Name of Reference:	
Organization/Title (if applicable):	
Address (if applicable):	
Daytime Tel:	
If you are asked to provide a Police Records Check would you be willing to do so? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SECTION 4: AUTHORIZATION	
The information provided through the volunteer application and approval process is confidential and will be used only for the administration of your application and resulting volunteer work with Cyber Seniors. Your completion and signature of this application form authorizes the Simcoe Muskoka Integrated Fall Strategy to contact your references.	
Signature of Applicant	Date

Thank you for your interest in volunteering with the Simcoe Muskoka Cyber Seniors program. We will contact you in the near future and look forward to meeting you. If you know of a friend or relative who may be interested in volunteering with us please let them know about our programs!

Applicant's Name:

Phone Number:

If completing form electronically must hand-write info in these boxes once printed. If submitting electronically please leave blank.

Return completed form to:
(Branch to complete with contact information)

SECTION 5: OFFICE USE ONLY

Interview completed by:

Title:

Date of Interview:

Interviewer Notes:

ACCEPTANCE

Recommendations for volunteer location/reason if not accepted to the program.

Admission Date:

Active Date (first service):

ITEMS RECEIVED AND COMPLETE

Signed Application

Signed Volunteer Agreement Acknowledgement

Reference

Signed Position Description

Police Records Check (if req'd)

Signed Confidentiality Form

Other

Gender: Male Female

Additional Notes: