



Simcoe Muskoka Cyber Seniors
VOLUNTEER APPLICATION FORM

First Name:	Last Name:	
		Initial
Mailing Address:		
		Apt #
Town/City	Province	
Cell/Home:	Email:	
Languages Spoken: ENG <input checked="" type="checkbox"/> FR <input type="checkbox"/>	Other:	
Age:		
School:	Grade:	
NA: <input type="checkbox"/>	NA: <input type="checkbox"/>	
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: (i.e. walking distance from)		

Do you have any health concerns that we should be aware of? (e.g. allergies, epilepsy, vision or hearing impairment) YES NO

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: POLICE RECORDS CHECK

If you are 18 years of age or older a police records check may be required.

If you are asked to provide a Police Records Check would you be willing to do so?
YES NO

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.

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!

Return completed form to:

Diane Enns

diane.enns@superiorhomehealthcare.ca

Telephone: (705)- 722- 3376 Ext. 223

Fax: (705) 722-5204

SECTION 5: OFFICE USE ONLY

Interview completed by:

Date of Interview:

Interviewer Notes:

ACCEPTANCE

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

Admission Date:

ITEMS RECEIVED AND COMPLETE

Signed Application

Signed Position Description

Signed Confidentiality Form

Police Records Check (if req'd)

Other

Gender: Male Female

Additional Notes: