



FAIRVIEW MENNONITE HOME

Volunteer Application Form

For office use only:

Regular

Starting Date: _____

Student

Position: _____

Placement

Day/Time/Hours: _____

Staff

Key tag MSCS News Excel Word GC

Date: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Work/Cell: _____

E-mail address: _____

Spoken languages: _____

Emergency contact: _____ Phone #: _____

Relationship to you: _____

Where did you hear about Fairview: _____

Previous volunteer experience: _____

I am able to volunteer: *(Please specify times if necessary)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

References: **(Do not use close relatives or friends)**

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Volunteer Opportunities

- Walking with residents
- Visiting with residents
- Reading to residents
- Feeding assistant
- Activities assistant
- Special outings assistant
- Porter
- Horticultural Therapy
- Palliative Care Volunteer
- Store cashiers
- Library Volunteer
- Therapy Pool Volunteer
- Craft Room Participant
- Committees
- Music
- Special Events Assistant
- Other

Special skills, training, interests, or hobbies:

Birthday: Month: _____ Day: _____ Year: _____