



# Volunteer Application Form

Name	Emergency Contact
Address	Name
Postal Code	Phone
Phone Number	Occupation
What is your reason for choosing volunteer work?	
Have you ever done volunteer work before?	
If so, please describe or give details of the type of volunteer work?	
Number of hours you are willing to volunteer ____ week ____ month	
What day of the week are you available?	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
What hours of the day are you available	
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings	

Please check off any area of interest in volunteering			
Baking/Cooking		Horticulture/Gardening	
BBQ's/Picnics		Musical Entertainment	
Church/Bible Study		Music Therapy	
Crafts/Workshops		One to One Visiting	
Dining Room Assistance		Outings	
Fund Raisers		Pet therapy	
Games		Playing the piano or other instruments	
Gift Shop/Greeting		Special/ Social events	
Clerical/Computer		Reading Aloud/Letter Writing	
Pub Assistant			

Other activities you may be interested?

\_\_\_\_\_

Primary Language \_\_\_\_\_

Secondary Language (s) \_\_\_\_\_

Would you be interested in assisting with communication/interpreting if you speak other languages? ☐ Yes ☐ No

Special Interest/hobbies/Talents

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Do you prefer to working in large groups, small groups or one to one with residents. \_\_\_\_\_

Symphony Senior Living seeks to protect the residents, volunteers, employees and the community through appropriate screening measures. References and police checks are required for all employees and volunteers. Please provide the names of two references that we may contact.

Name	Name
Relationships	Relationships
Phone Number	Phone Number

I hereby authorize Symphony Senior Living to contact the above references.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Volunteers from the age of 14 to 18 require Parental/Guardian Consent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

☐ I have read the Volunteer policy and procedures prior to starting as a volunteer.

LIFE ENRICHMENT DEPARTMENT USE ONLY	DATE & INITIAL WHEN COMPLETED
References checks completed	
Police check on file	
Pledge of Confidentiality signed and on file	
Orientation completed	
Orientation checklist completed and on file	