



VOLUNTEER APPLICATION FORM

If you have any questions while filling out this form or would like to submit it by email please email:
recreation.reddeer@pointswestliving.com Attn: Recreation Coordinator

Site/Community: Red Deer Points West Living

Name: _____

Phone: Home: _____ Cell: _____

Address: _____ City/Town: _____ Postal Code: _____

Email Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

REFERENCES (no family members)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EDUCATION, SKILLS, INTERESTS

Educational Background: _____

Present/Former Occupation: _____

Language(s) Spoken: _____

Hobbies, Interests, Skills: _____

BACKGROUND

Describe any previous paid work experience:

Describe any previous volunteer experience:

Are there any modifications required to ensure your volunteer experience with us is successful?

VOLUNTEER INTEREST

Is there a particular type of volunteer work in which you are interested? (check all that apply)

- Working one-on-one with a single resident
- Working alongside the recreation team
- Working alongside the maintenance team
- Working alongside the kitchen team
- Working alongside the healthcare team
- No preference

AVAILABILITY:

-
- | | | | |
|--|---------|-----------|---------|
| <input type="checkbox"/> Monday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Tuesday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Wednesday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Thursday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Friday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Saturday | Morning | Afternoon | Evening |
| <input type="checkbox"/> Sunday | Morning | Afternoon | Evening |
| <input type="checkbox"/> No preference | | | |

Parent/Guardian Consent: *(if needed)*

I _____, hereby give permission to allow my child to participate in the PWL Volunteer Program.

Signature: _____

Date: _____

I _____, hereby give permission to obtain information regarding my previous employment, education and /or volunteer background. A copy of this authorization shall be as valid as the original. All volunteer positions require successful completion of a Criminal Record & Vulnerable Sector Check before you begin your volunteer work.

Signature: _____

Date: _____