

Kanata Seniors Council Inc.

2500 Campeau Dr.,
Kanata, ON, K2K 2W3

Volunteer Application Form

Note: All information provided on this form is confidential

Please Print your Name and Address:

Name: _____

Address: _____

City: _____ **Prov.** _____ **Postal Code** _____

Phone Number: _____ **Alternate#** _____

E-Mail _____ **Cell #** _____

Male: _____ **Female:** _____

Work experience/occupation(s): _____

Previous Volunteer experience: _____

Please List any additional skills (including any special experience with seniors) hobbies or interests which may be beneficial in your role as a Council volunteer,

I prefer to volunteer in/as:

The Council Café _____ Computer Instructor: _____

Serve on a Council Committee _____ Public Relations: _____

Special Activities _____ Outreach _____

Travel Team _____

I am available: Weekdays (advise days) _____

Mornings _____ Afternoons _____

Saturdays: _____

I want to volunteer because: _____

Emergency Contacts:

Name: _____

Address: _____

Telephone: _____ Cell#: _____

Are there any physical handicaps which you would like the Council to take into consideration in your volunteer placement?

References:

Please provide two references, They should not be family members:

Name: _____

Relationship: _____ Telephone

email (if applicable): _____

Name: _____

Relationship: _____

Telephone # _____

email (if applicable): _____

Date: _____

Office Use Only

Date application rec'd: _____ Date interviewed: _____

Name of Interviewer(s): _____

Comments on interview: _____

Approved as volunteer: Yes _____ No _____

Position assigned _____

Approval signatures required:

Council President _____

Interviewer _____

Date _____

Volunteer Police Check Documents Submitted _____

Volunteer Police Check Documents Received _____