



Volunteer Application

Date: _____

Personal Information:

Name			
Street Address & Apartment #			
City/Town/Province			
Postal Code			
Telephone #	Home:	Other:	
Email:			

Work or Volunteer Experience:

Organization	Job Title/Duties	From	To	Reason For Leaving

Employment Information:

I am: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Employer Name or School: Occupation:
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Why would you like to become a volunteer at The Meadows?



Interests or Hobbies:

Languages Spoken:

Availability: Please note, we require a minimum of 1 volunteer visit each month.

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

Please check or highlight the volunteer positions that you may be interested in:

1:1 Connection & Support Volunteer	<input type="checkbox"/>	Mealtime Support & Feeding Volunteer	<input type="checkbox"/>
Group Program Volunteer	<input type="checkbox"/>	Music Volunteer	<input type="checkbox"/>
Outdoor/Gardening Volunteer	<input type="checkbox"/>	Creative Hobbies	<input type="checkbox"/>

Please indicate any health or allergy concerns we should be aware of (Peanut Allergy, Epilepsy, etc.):

References: (Please list two people who are not your relatives)

Name		
Telephone #:	Home:	Other:

Name		
Telephone #:	Home:	Other:

Have you ever been convicted of a criminal offence for which you have not been pardoned? Yes No

Emergency Contact:

Name: _____ Phone #: _____ Relationship: _____

I certify that the statements made in this Volunteer Application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release the agency from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer.

Signature: _____ Date: _____

Please return to:

**The Meadows Recreation Department,
321 Cobequid Rd, Lower Sackville, B4C 4C5**

