



## Volunteer Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Source of Referral: \_\_\_\_\_

Language: \_\_\_\_\_

### Volunteer Opportunities: (You may check more than one)

- Meals on Wheels Program \_\_\_\_\_
- Friendly Visiting Program \_\_\_\_\_
- Telephone Security & Assurance \_\_\_\_\_
- Transportation Program \_\_\_\_\_
  - Escort to medical appointments \_\_\_\_\_
  - Driving seniors shopping \_\_\_\_\_
- Diners' Club Program \_\_\_\_\_
- Activity Group Program \_\_\_\_\_
- Grandfriends Program \_\_\_\_\_
- Fund Raising Activities \_\_\_\_\_
- Christmas Wrap \_\_\_\_\_
- Community Care Closet -Deseronto \_\_\_\_\_
  - Sort & clean donated items \_\_\_\_\_
  - Pick up donations \_\_\_\_\_
- Home Help/Home Maintenance \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Have you ever been involved in a volunteer program before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" when, and for what program? \_\_\_\_\_

Special skills, talents, training, interests and hobbies: \_\_\_\_\_

When would you be available? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Is there a car available? \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ Colour: \_\_\_\_\_

Health problems/limitations: \_\_\_\_\_

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Signature of Volunteer