



### Volunteer Application

- Volunteer     
  Teen Volunteer     
  Co-op Student/Practicum  
 40 Hours of Community Service for High School     
 Date: \_\_\_\_\_

Name: Miss. Mrs. Ms. Mr.	
Address:	
City/ Town:	Postal Code:
Home Phone:	
Cell Phone:	
Email:	
Allergies and/or Medical Conditions:	

### Where would you like to Volunteer

- Recreation     
  Clerical     
  Meal Enhancement  
 Spiritual Care     
  Physio     
  Hair Salon  
 Day and Stay

### Current Occupation

- Employed Full-Time     
  Employed Part-Time     
  Student  
 Retired     
  Other-Specify

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your personal goals in becoming a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak/ read a second language? Yes  No

If Yes, Please Indicate: \_\_\_\_\_

How did you first learn about our Volunteer Department? \_\_\_\_\_  
\_\_\_\_\_

Have you been a Volunteer before? Yes  No

If Yes, Please indicate \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Telephone (Business) \_\_\_\_\_

**Please supply the names and telephone numbers of two references:**

1. Name: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

I, \_\_\_\_\_, give my permissions for the John Noble Home to call the reference listed to establish suitability of Volunteer Placement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Days and Time Available

Day	Time Available
Mon	
Tue	
Wed	
Thurs	
Fri	
Sat	
Sun	

*The John Noble Home will try very hard to place you in an appropriate volunteer position. Please be advised that we cannot always place a volunteer. ☺*