

Miranda Gamelin Volunteer Coordinator The Wellington (905) 385-2111 ext 112

Volunteer Application Form

GENERAL INFORMATION									
Last Name:	First:		Initials:	Birth Date					
Street Address:			Apartment/Unit #:						
City:	Prov.:		Postal Code:						
Home Phone:	E-mail Address:								
Cell Phone:		Sex	ex:						
Languages spoken other than English:									
EMERGENCY CONTACT PERSON									
Name:	Relationship:								
Home Phone:	Business/Cell Phone								
Family Doctor:	Phone:								
EDUCATION & WORK HISTORY									
Are you currently in school? ☐ YES ☐ N	O FULL TIME PART TIM	ΛE							
Last School Attended:	Current Grade Level:								
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PLEASE PROVIDE TWO PERSONAL OR PROFES									
Name:	Relationship:								
Phone:	Email Address:								
Name:	Relationship:								
Phone:	Email Address:								
PREVIOUS VOLUNTEER EXPERIENCE									
Volunteer Location:									
Community Involvement:									
INFORMATION									

What	are yo	ur reaso	ns for	volunt	eering	at The	Wellin	igton?												
□ S	chool l	Requirer	nent	☐ Ge	eneral I	nterest	in Sei	niors	□ Co-	op Pla	cemer	nt								
□ T	o help	people		□ Ca	areer Pa	ath			□ Oth	ner									_	
How	did yoı	u hear ak	out vo	luntee	r oppo	rtunitie	s at th	ne Welli	ington'	?										
□ Vo	oluntee	er	□ P:	assing	by the	home		□ Vol	unteer	Hamilt	ton									
□ w	ellingte	on Staff	□ S	chool		□ N	lewspa	aper/Ma	agazine	e Ad	□ O	ther								_
Leng	th of C	ommitm	ent:																	
□ o	ngoing	ı □ 6	mont	hs or le	ess	□ 1 y	ear	□ Un	itil my	40 hou	rs are	compl	eted	□ Su	mmer	& Holi	days			
Pleas	e chec	k off the	areas	that a	re of in	terest t	o you:													
□ Or	ne to or	ne friend	ly visit	s [Spec	ial Eve	ents	[□ Pall	iative (Care V	isits [□ Fee	ding				Arts		
□ Pa	astoral	Visits (S	piritua	l) 🗆	Recr	eation	Progra	ams [□ Outi	ings		[□ Mus	sic (play	an ins	trume	nt) 🗆 (Garde	ning	
□ A	dminist	trative D	uties		Com	outers			☐ Knit	ting		[□ Sev	ving						
Whic	h side	of the ho	me wo	ould yo	ou like 1	to volui	nteer i	n?	☐ Nurs	sing Ho	ome	□ F	Retiren	nent Hon	ne	□ No	Prefere	nce		
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I certify that the above statements are true and complete to the best of my knowled I understand that false or misleading information in my application will be grounds at the Wellington.
Signature