

VOLUNTEER APPLICATION FORM
HERITAGE NURSING HOME - 1195 QUEEN STREET EAST-416-461-8185

Name: _____ Phone# _____
Address: _____

Person to notify in case of emergency while on duty:

Name: _____ Phone# _____

Work Experience: _____

Volunteer Experience: _____

Special skills, interests/training: _____

Languages spoken: _____

Any health limitations: _____

Are you available to volunteer:

Morning Afternoon Evenings Weekends

Please indicate which areas of service you might be involved in:

Friendly visiting Mending

Outdoor walks Laundry assistant

Nail Care Mealtime assistant

Bingo assistant Daytime

Special Events Evenings

B.B.Q. Assistant Elevator assistant

Other: _____

References:

1. _____ Phone# _____

2. _____ Phone# _____

Signature: _____ Date: _____