



## Volunteer Application Form

### PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SELECT AREA(S) OF INTEREST:

#### In-Hospital

- Portering
- Water Program
- Sewing & Repairs
- Gift Shop Sales Clerk
- Palliative Care
- Entertain/Music

#### Grove Nursing Home

- Recreation Program
- Special Events/Outings
- Meal Assistance
- Ministerial/Bible Study
- Visiting/Palliative Care
- Entertain/Music

#### Opportunity Shop

- Sales Clerks
- Sorters

#### Off-Site/At Home

- Knitting
- Crafts
- Sewing & Repairs

### EDUCATION HISTORY:

### WORK HISTORY:

**SPECIAL SKILLS/CERTIFICATES/INTERESTS:**

**VOLUNTEER EXPERIENCE:**

**Please read the following statements carefully before signing.**

I understand that per the ARHA by-laws I must volunteer a minimum of 24 hours between April 1 through March 31 every year, or I will be removed from the Arnprior Regional Health volunteer list.

The information I have provided on this application form is complete and accurate to the best of my knowledge. Any misrepresentation or deliberate omission of a fact will be justification for refusal of the opportunity to volunteer and just cause for the termination from the Arnprior Regional Health volunteer program.

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Name (Print)

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Signature of Applicant

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Date