 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

Community Programs
- Adult Day Program
- 1:1 Activities
- Meal Assistance
- Screening for COVID-19
- Housekeeping

Off Site/ At Home
- Sewing & Repairs
- Crafts

EDUCATION HISTORY:

Questions?  Email: Volunteers@arnpriorhealth.ca  Phone: 613-623-7962 x 518

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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.

_________________________   ___________________________   ___________________________
Name (Print)                  Signature of Applicant          Date