



## 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:



**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