

## Volunteer Application Form

Please return the completed form to Grace Village, 1515 rue Pleasant View, Sherbrooke, QC J1M 0C6 or [info@masscom.ca](mailto:info@masscom.ca)

### Personal Profile

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

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

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (Month/Day/Year): \_\_\_\_\_

Languages Spoken:  English  French  Other: \_\_\_\_\_

### Emergency Info

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Previous Experiences

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Education & Training	Work Experiences	Volunteer Experiences

Do you have experience working with the elderly? YES / NO \_\_\_\_\_

### Interests

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Do you have special interests (Clubs/Hobbies/Skills)?

What prompted you to apply to volunteer with Massawippi Retirement Communities?

What do you hope to gain from your volunteer experience?

**Commitment**

Please indicate when you are available to volunteer but placing a  in the corresponding time slot.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

I am looking to volunteer...  Twice a week  Once a week  Once a month  Once every 3 months

Do you consider your schedule to be flexible? YES / NO

Please indicate below which volunteer opportunity you are most interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Friendly Companion   | <input type="checkbox"/> Tuck Shop Attendent          |
| <input type="checkbox"/> Activity Facilitator | <input type="checkbox"/> Bistro Attendent             |
| <input type="checkbox"/> Activity Aid         | <input type="checkbox"/> Administrative Aid           |
| <input type="checkbox"/> Musician             | <input type="checkbox"/> Appointment/Outing Companion |
| <input type="checkbox"/> Pet Visitor          | <input type="checkbox"/> Special Events Volunteer     |
| <input type="checkbox"/> Librarian            | <input type="checkbox"/> Gardener                     |
|   | <input type="checkbox"/> Other: _____                 |

*I hereby confirm that all information included in the application is true and complete. I understand that Massawippi Retirement Communities will be completing a Police Records Check and verifying given references. I understand that following the application process, I will be required to attend volunteer orientation and training before starting my volunteer placement.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your interest in Massawippi Retirement Communities. If you have any questions, concerns or require any additional information regarding volunteer services call Danica Montgomery, Recreation and Leisure Coordinator, at 819-569-0546, EXT: 5007 or by email at dmontgomery@masscom.ca*

**For Office Use Only**

Date Application Received: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Date Police Records Complete: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date Reference Check Complete: \_\_\_\_\_