VOLUNTEER APPLICATION FORM
SENIOR SUPPORT SERVICE - CPHC

Senior Support Services
Supporting Seniors Independence at Home and in the Community.

VOLUNTEER INFORMATION

NAME: _____ SITE REQUESTED _____

ADDRESS: _____
Street#/Apt# Street Name City Province Postal Code

EMAIL: _____

AGE: _____ DATE OF BIRTH_____ /_____/_____ SEX: ☐ MALE ☐ FEMALE
Month Day Year

TELEPHONE NUMBER: (HOME) _____(CELL) _____

EMERGENCY CONTACT: (NAME) _____(NUMBER) _____

(RELATIONSHIP) _____

VOLUNTEER OPPORTUNITIES (PLEASE CHECK AREA(S) OF INTEREST)

☐ Adult Day Program ☐ Advisory ☐ Special Events ☐ Foot Care Clinics

☐ Lifeline (Installation) ☐ Fundraising ☐ Office Support ☐ Tri-Shaw Bike

☐ Meals on Wheels _____ (Frozen) _____(Hot) ☐ Transportation

☐ Diners Club _____ (Food Preparation) _____ (Driving Clients) ☐ Exercise and Fall Prevention

AVAILABILITY (PLEASE CHECK AREA(S) OF AVAILABILITY)

☐ Mornings (Mon-Fri) ☐ Afternoons (Mon-Fri) ☐ Once A Week ☐ More Than Once A Week ☐ As Needed

ARE YOU WILLING TO OBTAIN A CURRENT & SATISFACTORY CRIMINAL-RECORD AND VULNERABLE-SECTOR SCREENS?

☐ YES ☐ NO

REFERENCES

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/ employment.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please complete backside If interested in volunteering for Transportation

VOLUNTEER APPLICATION FORM
SENIOR SUPPORT SERVICE - CPHC

Senior Support Services
Supporting Seniors Independence at Home and in the Community.

TO BE COMPLETED IF INTERESTED IN VOLUNTEERING FOR TRANSPORTATION:

Would you be willing the do regular scheduled drives: ☐ YES ☐ NO

What days would you be regularly available to drive: _____

Type of Vehicle Available:_____

How many times per month would you be prepared to drive: _____

Do you prefer to do only medical drives : YES NO

Do you smoke: ☐ YES ☐ NO

(If Yes would you be willing to refrain from smoking while carrying out your duties as a volunteer driver: ☐ YES ☐ NO

Are you willing to drive: ☐ Local ☐ Long Distance: _____

Do you have a valid diver's license? YES NO

We request that our Volunteer Drivers carry a minimum of $2,000,000 Third Party Liability Insurance.

Do you currently have $2,000,000 Third Party Liability? ☐ YES ☐ NO Policy #: _____

Liability Insurance Company:

_____

Broker/Agent Name: _____ Telephone: _____

Mailing Address: _____ Fax: _____

NOTE: VOLUNTEER DRIVERS MUST NOTIFY THEIR INSURANCE COMPANY ANNUALLY THAT THEY ARE CONTINUING TO DO VOLUNTEER DRIVES WITH CPHC

OFFICE USE ONLY

Intake to Central intake: _____ Input into Nesda _____ cc: _____ _____

Date Staff Name Department Initial

Note: _____