



KEMPTVILLE & DISTRICT HOME SUPPORT

Seniors' Community Services

P.O. Box 1192, 215 Sanders St., Suite 101, Kemptville, ON K0G 1J0

Tel 613-258-3203 | Fax 613-215-0448

www.kdhsi.com

Volunteer Application Form

Name: _____ Telephone: _____ Cell _____

E-mail _____ Birth date: _____
(For statistical purposes at orientation)

Address: _____
911# _____ Street _____ P.O. Box _____
RR# _____ City/Town _____ Postal Code _____

In Emergency Contact: _____ Relationship: _____
Telephone: _____ Alternate # (cell): _____

Volunteer Opportunities (Please check area(s) of interest)

- | | |
|--|--|
| <input type="checkbox"/> Diners' Club (<input type="checkbox"/> Meal Area <input type="checkbox"/> Driving) | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Foot Care Clinic, Reception | <input type="checkbox"/> Meals on Wheels (<input type="checkbox"/> heat <input type="checkbox"/> deliver) |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Transportation <input type="checkbox"/> Driver | <input type="checkbox"/> Computer Mentoring |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Other _____ |

Availability for Transportation/Meals on Wheels Only:

Would you be willing to do regular scheduled drives? Yes No

Please note any days you would be regularly available: _____

Type of vehicle(s) available: _____

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

TRANSPORTATION ONLY:

Do you prefer to do only medical drives? yes no

Do you smoke? _____ If yes, will you be able to refrain from smoking while carrying out duties as a Volunteer Driver? _____

Areas you are willing to drive to: Local: _____ Long Distance: _____

Specify towns/communities: _____

How did you hear about Volunteer Opportunities at KDHSI? _____

Why have you decided to volunteer with KDHSI? _____

Please specify any info regarding your area of interest e.g. talents, hobbies etc.

Do you have any physical limitations that should be considered? _____

Work Experience/Education: _____

Volunteer Experience: _____

Languages spoken: _____

Availability: _____

**Insurance section for: Drivers - Transportation; Meals on Wheels;
Diners' Club; Friendly Visiting (if volunteer drives the client during the visit):**

Do you have a valid driver's license? Yes No

We request that our Volunteer Drivers carry a minimum of \$1,000,000 of Third Party Liability Insurance.

Do you currently have \$1,000,000 *Third Party Liability*? _____ 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 KDHSI.

References

We request the names of two references (employers, colleagues, neighbors, clergy, friends, etc.)

These references should be available to be contacted within the next 2-3 weeks.

Name: _____	Name: _____
Telephone # _____	Telephone # _____
_____	_____
_____	_____
Availability _____	Availability _____
Relationship _____	Relationship _____

In making this application, I hereby give Kemptville And District Home Support Inc. authority to contact the persons named as references; and, my insurance company if applicable.

Volunteer's Signature: _____ Date: _____

Parent's Signature _____
(if under age 16)

Notes:
