



# SENIORS' COMMUNITY SERVICES

*Living Well in YOUR Community*

P.O. Box 1192, 215 Sanders Street, Suite 101, Kemptville ON K0G 1J0  
tel: 613-258-3203 | fax: 613-215-0448 | [www.seniorscs.ca](http://www.seniorscs.ca)

## 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.

<b>Name:</b> _____	<b>Name:</b> _____
<b>Telephone #</b> _____ _____	<b>Telephone #</b> _____ _____
<b>Availability</b> _____	<b>Availability</b> _____
<b>Relationship</b> _____	<b>Relationship</b> _____

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:**
