

 **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

Volunteer Application Form

Name:

Tel/Cell: Email:

Address:

City/Town: Postal Code:

Are you 18+ years of age

YES NO

Date of Birth

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

Diners' Club (Server Chef)
 Foot Care Clinic, Reception
 Office Support
 Telephone Reassurance
 Transportation Driver
 Companion

Friendly Visiting/Telephone Assurance
 Meals on Wheels (Prep Deliver)
 Special Events
 Singing Seniors Choir
 Board of Directors
 Committees

*May include Fundraising, Volunteer Advisory

How did you hear about Seniors Community Services?

Why would you like to join the SCS Volunteer Team?

Work Experience/Education:

Volunteer Experience:

Hobbies/Special Interests:

Languages Spoken:

Do you have any accessibility requirements: Is there anything we need to be aware of in considering you as a volunteer?

Availability:

** Some volunteer positions require lifting to 20 lbs. (i.e. foldable walker, kitchen dishwasher rack)

** All volunteer positions require a police check.

** Drivers require a valid driver's license, insurance and 3-year drivers record.

For Transportation and Meals on Wheels Drivers ONLY

How many days per month would you be able to drive?

What days would you be available to drive?

Type of vehicle (s) available:

Transportation Drivers ONLY

Areas you are willing to drive: **Local** **Rural** **Long Distance**

***Please note there is no smoking in vehicles while carrying out duties as a volunteer driver.*

Insurance for Transportation and Meals on Wheels Drivers ONLY

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

Do you currently have \$2,000,000 Third Party Liability? **Yes** **No**

***We request that drivers carry a min. of \$2,000,000 of Third-Party Liability Insurance.*

***SCS keeps a copy of up-to-date insurance card and driver's license in volunteer files.*

References

We request the names of two references (employers, colleagues, neighbours, clergy, friends, etc.)
These references should be available to be contacted within the next 2-3 weeks.

Name: **Relationship:**

Telephone: **Email:**

Name: **Relationship:**

Telephone: **Email:**

In making this application, I hereby give Seniors' Community Services authority to contact the persons named as references.

Volunteer's Signature: _____ Date: _____

Parent's Signature _____
(if under age 18)

Photo Release

I agree that SCS may use my likeness in any photograph, video, or other digital media (“Photos”) taken or to be taken by Seniors’ Community Services in all of its publications, including print or web-based publications.

- I agree to be photographed
- I do not agree to be photographed.

Volunteer Applicant Signature: _____ Date: _____

Volunteer Coordinator Signature _____ Date: _____