

**VOLUNTEER APPLICATION FORM**  
**SOCIETY OF SENIORS CARING ABOUT SENIORS**

**MISSION STATEMENT**

*The Society of Seniors Caring About Seniors is an effective service facilitator for seniors to help them retain their lifestyle, sense of independence and well-being.*

**Please Print:**

Name (First/Last): \_\_\_\_\_

Phone # Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Best way to contact:  Phone  email

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: mm/dd/yy \_\_\_\_\_ Gender:  M  F

Spoken Language(s) \_\_\_\_\_

**Volunteer Driver Information:**

Vehicle: \_\_ Car \_\_ Van \_\_ Truck

Number of people you can transport: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Year of Car: \_\_\_\_\_ Make: \_\_\_\_\_ Colour: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Office Volunteer:**

Office Skills: \_\_\_\_\_

Days Available: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

**Service Provider:**

Skills:  Carpentry  Electrical  Plumbing  Painting  Housekeeping  
 Home Care  Shopping  Snow Removal  Eaves trough  Other  
(other description) \_\_\_\_\_

**Present/Last Employer**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Years employed: \_\_\_\_\_

Position: \_\_\_\_\_

**Business and Personal References:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Confidentiality:**

I certify the above information to be true and correct.

I understand that all information about members secured by me and available to me in pursuit of my duties as volunteer/driver/employee will remain **CONFIDENTIAL**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only:**

References Contacted: \_\_\_\_\_ Security Check: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Notes: \_\_\_\_\_

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