



Centres for Seniors Windsor Volunteer Application

Mission Statement

"Where opportunities exist for older adults to enrich and to enhance their lives and the lives of others".

Name:		
Address / Postal Code:		
Telephone:	Email:	
Emergency Contact Name:	Phone:	

Languages Spoken:

English French Other _____

How did you hear about volunteering with Centres for Seniors Windsor?

Friends / Family Newspaper Our Monthly Program
 United Way Referral Community Agency Other

Volunteer Involvement (Current and/or Previous)

Volunteer Opportunities: (Please check volunteer position(s) of interest):

<input type="checkbox"/> Teaching a Class	<input type="checkbox"/> Friendship News	<input type="checkbox"/> Development Committee
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Welcome Club Calls	<input type="checkbox"/> Programming Assistance
<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Gardener	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Crafts	<input type="checkbox"/> Individual Driver	<input type="checkbox"/> Special Events
<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Committee Work	<input type="checkbox"/> Book Buddies
<input type="checkbox"/> Friendly Visitor	<input type="checkbox"/> Canteen	<input type="checkbox"/> Other/Miscellaneous

What has motivated you to apply for the above volunteer position(s)?

Skills and Qualifications: Provide information on your background relevant to the volunteer position(s) you selected (training, abilities, personal strengths, hobbies).

Availability (please check your best times to volunteer):

Monday: AM Tuesday: AM Wednesday: AM
 PM PM PM

Thursday: AM Friday: AM Saturday / Sunday: AM
 PM PM PM

Do you have a Driver's License? Yes No

References: (Please provide two contacts - professional, personal or clergy).

Name:
Address:
City / Province / Postal Code:
Phone:
Relationship:

Name:
Address:
City / Province / Postal Code:
Phone:
Relationship:

Employment / Education: I am presently,

<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
Employer's Name: _____ _____ Address: _____ _____ Phone: _____ Occupation: _____	Name of Previous Employer _____ Previous Occupation: _____ _____ _____	Name of School: _____ _____ Major: _____ _____ _____ _____

What you can expect:

- to be contacted for an interview
- to receive orientation and training, if a suitable position is available
- to receive an evaluation meeting after three months of active volunteering
- to secure a police clearance (no cost), for specified volunteer positions

Placement: _____ Orientation: _____
 Police Check: _____ Start Date: _____
 Date: _____ Signature of Applicant: _____

For more information or to return this application, contact: Chelsea Black, Coordinator of Volunteers
 Centres for Seniors Windsor, 706 Goyeau Street, Windsor, Ontario, N9A 1H6
 Phone: (519) 254-1108 Fax: (519) 254-1869
 Website: www.centresforseniors.org Email: cblack@centresforseniors.org

Centres for Seniors Windsor: Strong Spirits, Young Hearts, Active Minds