



# Elmira District Community Living

Form Name: **Volunteer Application Form**

Form Code: HR95.66  
(2 pages)

Effective: January 2010

Revised: September 2016

Issued By: LR

Name:	Student? Yes <input type="radio"/> No <input type="radio"/> School _____
Address:	Current Employer:
Home Phone:	Cell Phone:
Email address:	

Any special skills you wish to share in your volunteer placements?

Availability: Please check all that apply

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							
Flexible time							

Driver's License: Yes <input type="radio"/> No <input type="radio"/>	Driver's License Number:
Own vehicle and would be able to transport someone: Yes <input type="radio"/> No <input type="radio"/>	\$2,000,000 liability insurance coverage for car Yes <input type="radio"/> No <input type="radio"/>

**Volunteer Opportunities:**

<b>Day Supports</b>	<b>Residential</b>	<b>Recreation</b>	<b>Events</b>
Coffee Group <input type="radio"/>	Biking <input type="radio"/>	Games Night <input type="radio"/>	Quilt Auction <input type="radio"/>
Swimming <input type="radio"/>	Bird Watching <input type="radio"/>	Guys Night <input type="radio"/>	Maple Syrup Fest <input type="radio"/>
Reading <input type="radio"/>	Swimming <input type="radio"/>	Dances <input type="radio"/>	
Crafts <input type="radio"/>	Drumming <input type="radio"/>	Music <input type="radio"/>	
Kitchen Help <input type="radio"/>	Reading <input type="radio"/>		
Other:			
Do you have any experience in this field? No <input type="radio"/> Yes <input type="radio"/> (if yes, please provide details below)			

**Police Records Check from the Last 3 Months Required for Volunteering. (A copy must be provided)**

**Two References:** (Please do not include immediate family members)

1. Name:	Relationship:
Home phone:	Cell phone:
2. Name:	Relationship:
Home phone:	Cell phone:

Volunteer signature \_\_\_\_\_

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