



Kanata Seniors Council Inc.  
2500 Campeau Dr.,  
Kanata, ON, K2K 2W3

## Volunteer Application Form

**Note: All information provided on this form is confidential**

**Please Print**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Prov.** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate#** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Work experience/occupation(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please List any additional skills (including any special experience with seniors) hobbies or interests which may be beneficial in your role as a Council volunteer.**

\_\_\_\_\_  
\_\_\_\_\_

**I prefer to volunteer in/as:**

**The Council Café** \_\_\_\_\_

**Computer Instructor:** \_\_\_\_\_

**Travel Team:** \_\_\_\_\_

**Public Relations:** \_\_\_\_\_

**Special Activities:** \_\_\_\_\_

**Outreach:** \_\_\_\_\_

**Serve on a Council Committee:** \_\_\_\_\_

I am available: Weekdays (advise days) \_\_\_\_\_

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_

Saturdays: \_\_\_\_\_

I want to volunteer because: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Are there any physical handicaps which you would like the Council to take into consideration in your volunteer placement?**

**References:**

**Please provide two references. They should not be family members:**

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

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

email (if applicable): \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

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

**Please return completed form to the front desk at the Kanata Seniors' Centre**

**Thank you**

**Office Use Only**

Date application rec'd: \_\_\_\_\_ Date interviewed: \_\_\_\_\_

Name of Interviewer(s): \_\_\_\_\_

Comments on interview:

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Approved as a volunteer: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Approval signatures required:

Council President: \_\_\_\_\_

Interviewer: \_\_\_\_\_

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

Volunteer Police Record Check Documents Submitted: \_\_\_\_\_

Volunteer Police Record Check Documents Received: \_\_\_\_\_