

### Volunteer Application Form

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

#### Personal Information:

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

#### Volunteer Interests:

- Meals on Wheels**  
Delivering and/or running meals; Kitchen prep
- Activity Program Support**  
Sharing your talents – art, music, discussion, carpentry, gardening or assisting with such activities
- Transportation Services**  
Driving seniors to medical appointments or shopping, SPRINT programs
- Community Dining**  
Serving meals to seniors in a community setting
- Office Support**  
Helping SPRINT office staff with clerical work

#### How did you hear about us?

- Newspaper
- Word of Mouth
- Volunteer Toronto
- Charity Village
- Brochure/flyer
- Client/Employee
- SPRINT Senior Care Website
- Other: \_\_\_\_\_

#### Commitment:

Most volunteer positions require a minimum of a 3 month commitment.

I am able to commit to volunteer for \_\_\_ months (number of months)

Will you be available at a **short notice**, one day in advance? No [ ] Yes [ ]

#### Restrictions:

Do you have any physical restrictions that could affect your volunteer roles/duties?

No [ ] Yes [ ] Please state: \_\_\_\_\_

Do you have any allergies (e.g. food, animal, smoke) that could affect your volunteer activity?

No [ ] Yes [ ] Please state: \_\_\_\_\_

Some of our volunteer positions have a minimum age requirement.

I am over 18 years of age:  No  Yes

**Availability:**

**Please indicate the day(s) and time(s) that you are available to volunteer**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**References:**

(Volunteer, employment, school references accepted – no friends or family members)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references. You also agree to follow SPRINT’s policies and procedures for volunteers. False statements and omissions are grounds to terminate the volunteer relationship.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SPRINT collects your personal information for the purpose of determining candidate qualifications for volunteer opportunities. Only authorized staff and volunteers have access to this information and it will not be shared with any outside organizations.