

**COMMUNITY CARE EAST YORK**  
**VOLUNTEER SERVICE APPLICATION**

**Date** \_\_\_\_\_

Name (Mr., Mrs., Miss, Ms.) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Major Intersection \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Employer or School \_\_\_\_\_

Business Phone \_\_\_\_\_ May we phone you at work?      Yes    No

How did you hear about Community Care East York? \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

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

Work History \_\_\_\_\_

Education \_\_\_\_\_

Special Interests, Skills or Hobbies \_\_\_\_\_

\_\_\_\_\_  
Languages Spoken \_\_\_\_\_

Person to Contact in Case of Emergency:

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

TTC

Will Drive

Why do you want to be a CCEY volunteer? Please explain briefly:

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

**PLEASE CHECK YOUR AREA OF INTEREST...**

- |  |  |
|--|--|
| <input type="checkbox"/> Volunteer Visiting in senior's home | <input type="checkbox"/> O'Connor House                    |
| <input type="checkbox"/> Escorting to and from appointments  | <input type="checkbox"/> Senior Centre                     |
| <input type="checkbox"/> Administrative Duties               | <input type="checkbox"/> Adult Day Program                 |
| <input type="checkbox"/> Marketing                           | <input type="checkbox"/> IT-LC - Intergenerational Program |
| <input type="checkbox"/> Community Programs                  |  |

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Building a relationship with a client can be a slow process. Our volunteer positions will require at least a six month involvement. **Please check your availability of time.**

Which is most convenient for you?

Monday to Friday - daytime

Weekends - daytime

Monday to Friday - evenings

Weekends - evenings

**To help us assess appropriateness for work in a Home Support agency setting, we need:**

**REFERENCES** (clergy, business, doctor, long-term friend, etc.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_