



# Pat Porter Active Living Centre



Serving Seniors Inc.

- 10 Chrysler Gate, Steinbach, MB R5G 2E6 •
- Phone: 204-320-4600 • Fax: 204-320-9098 •
- Office Hours: 8:30 a.m. – 4:30 p.m. (Unless Otherwise Stated) •

## Volunteer Application

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

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

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

**Email:** \_\_\_\_\_

***Please indicate the volunteer duties that interest you the most:***

**Serving Seniors Inc.**

---

\_\_\_\_\_ *Clerical Duties:* Reception, Greeting People, Answering Phones, Computer Data Entry, Phone Calling for Events, etc.

\_\_\_\_\_ *Special Events:* Potluck, Birthday Parties, Dances, Ticket Sales, etc.

\_\_\_\_\_ *Maintenance/Handyman:* General Indoor + Outdoor Maintenance

\_\_\_\_\_ *Gardening:* Lawn Mowing, Flower Bed + Shrub Maintenance, Vegetable Garden, Tilling, Weeding, etc.

\_\_\_\_\_ *Kitchen:* Food Preparation, Wash Dishes, General Kitchen Maintenance, etc.

\_\_\_\_\_ *Decorating:* Seasonal Decoration, Special Events, etc.

\_\_\_\_\_ *Organizing:* Sorting through Cupboards, Organizing Building Space, etc.

**Community Resource Coordinator**

---

\_\_\_\_\_ *Transportation for Seniors:* To Attend Events, Shopping, etc.

\_\_\_\_\_ *Friendly Visitors:* One on One Visiting

\_\_\_\_\_ *Meals on Wheels Delivery:* Pick Up Meals from Centre and Deliver to Seniors

\_\_\_\_\_ *Clerical Duties:* Answering phones and taking messages.

\_\_\_\_\_ *Maintenance:* Wheelchair, walker and other equipment maintenance.

**Circle of Friends**

---

\_\_\_\_\_ *Serve and prepare breakfast and lunch* – At the Centre preparing meals and visiting with program members.

\_\_\_\_\_ *Visiting:* One on one visitors in the program.

\_\_\_\_\_ *Crafts:* Planning a craft and assisting people with crafting.

\_\_\_\_\_ *Community Outings:* Going into community with people in the program.

\_\_\_\_\_ *Music:* Singing and/or playing instruments with people in the program.

***Please Answer the Following Questions:***

---

Have you had any previous experience working with seniors? (Yes/No)

If yes, please explain:

---

---

Have you volunteered at this centre before? (Yes/No)

If yes, when? \_\_\_\_\_

Describe any other previous volunteer experience that you have (Please be specific).

---

---

What is your expectation of volunteering?

---

---

Are you currently employed? (Yes/No)

What are your hours of availability?

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

Do you have access to a vehicle? (Yes/No)

Do you have a valid driver's license? (Yes/No)

Driver's License # \_\_\_\_\_

Languages:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Fluent \_\_\_\_\_ Can Read \_\_\_\_\_ Can Write \_\_\_\_\_  
 Fluent \_\_\_\_\_ Can Read \_\_\_\_\_ Can Write \_\_\_\_\_  
 Fluent \_\_\_\_\_ Can Read \_\_\_\_\_ Can Write \_\_\_\_\_

Emergency Contact:

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

References (Do not list relatives):

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_



Serving Seniors Inc.

**I certify that all of the information above is to the best of my knowledge correct and complete.**

**Name (Printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

*For Office Staff Only:*

**Received By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_