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**Volunteer/ Fee for Service Application**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteer Positions** | https://cdn.xxl.thumbs.canstockphoto.com/black-check-mark-icon-tick-symbol-in-black-color-vector-illustration-eps10-clip-art-vector_csp68223366.jpg |  | **Availabity** *(please check all times available)* |
| Friendly Visitor |  |  | **Day** | **Time of Day** |
| Telephone Friend |  |  |  | Morning | Afternoon | Evening |
| Check In Calls |  |  | Monday |  |  |  |
|  |  |  | Tuesday |  |  |  |
| **Fee for Service Positions** | https://cdn.xxl.thumbs.canstockphoto.com/black-check-mark-icon-tick-symbol-in-black-color-vector-illustration-eps10-clip-art-vector_csp68223366.jpg |  | Wednesday |  |  |  |
| Housekeeping |  |  | Friday |  |  |  |
| Grass cutting |  |  | Thursday |  |  |  |
| Snow Removal |  |  | Saturday |  |  |  |
| Yard maintenance |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| General handi-man  (*Clearing gutters, small*  *home repair jobs, other*  *misc. jobs)* |  |  |  |  |  |  |
| Other |  | **Specify other** |
| **Fee for Service Referrals** | https://cdn.xxl.thumbs.canstockphoto.com/black-check-mark-icon-tick-symbol-in-black-color-vector-illustration-eps10-clip-art-vector_csp68223366.jpg |  |  |  |
| Footcare – Referral |  |
| Massage – Referral |  |
| Other Referral services |  | **Specify other** |

Please give a brief description of why you are suitable for the requested position(s) including work experience, credentials, personality and/ or reasons for applying at the Services for Seniors Department of the Winkler Senior Centre.

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Please list any concerns that would limit your ability to volunteer:

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

Please provide 3 references (No more than 1 may be family)

1.

|  |  |
| --- | --- |
| Name |  |
| Phone |  | Cell Phone |  |
| Email |  |
| Relationship |  |

2.

|  |  |
| --- | --- |
| Name |  |
| Phone |  | Cell Phone |  |
| Email |  |
| Relationship |  |

3.

|  |  |
| --- | --- |
| Name |  |
| Phone |  | Cell Phone |  |
| Email |  |
| Relationship |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name), authorize Services to Seniors – Winkler Senior Centre to contact my references. I understand that any volunteer or fee or service placement or referral is conditional upon the Services for Seniors department being completely satisfied with the information provided as a result of this reference check.

Signature / Date

\**All information in this form will be kept strictly confidential. All volunteers are required by the Regional Health Authority to provide a current (2 months) Criminal Record Check with vulnerable sector check and an Adult Abuse Registry Check before assignment to a volunteer or fee-for-service position.*