

**SHOREHAM VILLAGE  
VOLUNTEER APPLICATION FORM**

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SURNAME                                      FIRST NAME                                      INITIAL

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PO BOX                                      CIVIC ADDRESS

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TOWN/CITY                                      POSTAL CODE

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E-MAIL ADDRESS

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HOMEPHONE                                      WORK                                      CELL

How did you learn about Shoreham Village's Volunteer Services?

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State briefly why you are interested in volunteering at Shoreham Village.

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Are you presently a student? YES                       NO

Grade \_\_\_\_\_                      University Year \_\_\_\_\_

Do you live in the local area year round? YES                       NO

Please explain:

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Do you have any previous volunteer experience?

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Do you have any special skills/training related to seniors/nursing homes?

YES  NO

Please explain:

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Do you have any hobbies/interests and/or talents you would like to share with our residents and staff? YES  NO

Please specify:

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When are you available to start as a volunteer? \_\_\_\_\_

What day (s) and time (s) are you available to volunteer?

Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_ All Day \_\_\_\_

Do you have any medical restrictions we should know about?

Please explain:

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In case of an emergency whom should we contact?

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Name	Phone number(s)
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Name	Phone number(s)
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Please list two references: One professional/one personal (no family please):

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Name	Phone number(s)
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Name	Phone number(s)
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Please sign below to give us permission to contact your references:

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Signature	Date
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