



Volunteer Application Form

Thank you for your interest in volunteering with The District Municipality of Muskoka's Seniors Programs and Services Team! The success of our programs depends on the commitment and contributions of our incredible volunteers. Please take a moment to fill out the following form to help us get to know you better and determine whether you and our program are a mutual fit.

First Name: _____ Last Name: _____

Address Line 1: _____ Address Line 2: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____ (MM/DD/YYYY)

Allergies/Dietary Requirements: _____

How did you hear about Seniors Programs and Services Volunteer Program?

Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Position(s) Applied For:

- | | | |
|--------------------------------------|--------------------------|------------------|
| Community Connect Assistant | Administrative Assistant | Friendly Caller |
| Peer Support Committee Member | Pen Pal Program | Friendly Visitor |
| Intergenerational Mentorship Program | Other: | |

Availability:

Mon. Tues. Wed. Thurs. Fri. Mornings Afternoons Evenings

Background Information:

Employment Experience: _____

Volunteer Experience: _____

Do you have other skills, resources, interests, or hobbies that might benefit your volunteer work?

Why do you want to volunteer for Seniors Programs and Services?

Are you willing to undergo a Vulnerable Sector Check? Yes No

Please provide two non-family references. At least one reference should include a person familiar with your work/education/volunteer history. For example: a supervisor, co-worker, volunteer supervisor, teacher, or professional.

Reference #1:

Name: _____

Email: _____ Relationship: _____

Reference #2:

Name: _____

Email: _____ Relationship: _____

I give Seniors Programs and Services permission to contact the above references in order to discuss my suitability as a volunteer.

Signature: _____ Witness: _____

Date: _____