

Anchor Association- Volunteer application

Name: _____
Address: _____
Phone: _____ Age: ___17-25 ___26-40 ___41 +
Email: _____ Type of driver's license: _____
Church affiliation: _____
Reference: (name, phone #) _____

Work Experience/ Volunteering experience:

Special interests/ Hobbies:

Reason for Volunteering:

Preferred location for Volunteering:

___ Anchor Home ___ Beacon Home ___ Twin Oaks ___ Lighthouse ___ Harbour Home

Please Circle:

Availability: days/ evenings/weekends

Activities you are comfortable assisting a resident in:

<i>Walking</i>	<i>Shopping</i>	<i>Crafts</i>	<i>Computer</i>
<i>Biking</i>	<i>Visiting</i>	<i>Reading</i>	<i>Other:_____</i>
<i>Swimming</i>	<i>Library</i>	<i>Writing</i>	_____

A **police vulnerable sector check (PVSC)** will be required for most regular volunteers. Please send your completed form to the secretary at Head Office at secretary@anchor-association.com

Thank you for being interested in volunteering for the Anchor Association! You will be contacted by a home manager to discuss further details.