

VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email: _____

Church affiliation: _____

Photocopy of Driver's Licence

Work Experience/Volunteering experience (or enclose resume):

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>	

Reference Name & Telephone number: _____

A Police Vulnerable Sector Check (PVSC) will be required. Please send your completed form to the Executive Director at Head Office 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.