



## Circle Drive Special Care Home Volunteer Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
 \_\_\_\_\_ (cell) May we contact work? Yes ( ) No ( )

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Person to contact in case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check the following areas of interest:**

<input type="checkbox"/>	Birthday parties	<input type="checkbox"/>	Writing letters	<input type="checkbox"/>	Baking, cooking group
<input type="checkbox"/>	Tuck shop	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Events (yard sale, teas, etc.)
<input type="checkbox"/>	One-on-one visits**	<input type="checkbox"/>	Helping with picnics	<input type="checkbox"/>	Providing pet therapy
<input type="checkbox"/>	Playing games	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	Escorting to appointments
<input type="checkbox"/>	Music, Singing	<input type="checkbox"/>	Portering to church services	<input type="checkbox"/>	Assisting with entertainment
<input type="checkbox"/>	Gardening, plant care	<input type="checkbox"/>	Drawing, artwork	<input type="checkbox"/>	Demonstrating hobbies
<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Taking residents for walks	<input type="checkbox"/>	Participating in Bible study
<input type="checkbox"/>	Walking Program	<input type="checkbox"/>	Sporting activities	<input type="checkbox"/>	Participating in group exercises
<input type="checkbox"/>	Establishing library	<input type="checkbox"/>	Assisting at meal times	<input type="checkbox"/>	Other _____

Do you speak any language(s), other than English? Yes ( ) No ( )

What are these other languages? \_\_\_\_\_

Do you have any medical conditions of which we should be aware? Explain.

**When are you available for volunteer work?**

	<b>Day</b>	<b>Available Hours between 8:30 a.m. – 8:30 p.m.</b>
<input type="checkbox"/>	Monday	_____
<input type="checkbox"/>	Tuesday	_____
<input type="checkbox"/>	Wednesday	_____
<input type="checkbox"/>	Thursday	_____
<input type="checkbox"/>	Friday	_____
<input type="checkbox"/>	Saturday	_____
<input type="checkbox"/>	Sunday	_____ (Church service 3:00 p.m.)

**PLEASE SUPPLY TWO LETTERS OF REFERENCE WITH YOUR REGISTRATION FORM.**