Administrator Michael Carroll

Director of Care Leslie Morgan



350 Burwell Road St. Thomas, Ontario N5P 0A3

Tel: (519) 631-1030 Fax: (519) 631-3462

Valleyview Volunteer Application Form:

We would like to know more about you. Please answer the following questions.

If you need more space, please attatch a separate sheet. If some questions do not apply to you, please leave them blank.

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Personal Data:			
Title: □Miss □Mrs. □Mr. □C	Other:		
Last Name:	First Name:		
Telephone (Home):	(Cell):	(Work):	
Email:			
Work and Education History (plea	ase include resume is appl	icable)	
Are you currently employed? \Box No	☐ Yes (☐ Part-time ☐ F	ull-time)	
If yes, where:			
Previous work experience:			
Are you currently a student? □ No	 ☐ Yes (☐Part-time ☐Full-t	ime)	
Name of school: Grade Level/Degree:			
Previous education: What is the highe	est grade level/degree you have	attained?	
Volunteer Experience:			
Have you had previous volunteer e	experience? 🗆 Yes 🗆 No		
If yes, where:			
Skills/Interests:			
(please list any skills, knowled	ge, other languages, interests,	qualifications which you feel are relevant:)	
Reasons for Volunteering:			
☐ Gain work-related experience	\square Desire to help others \square	School requirement	
\square Interested in community in	volvement 🗆 Other:		
Program Selection:			
\square 1:1 Visits with Residents \square Rec	reation Programs 🗆 Hair Sa	alon (Wed & Thur AM)	
☐ Tuck Shop (1:30 pm - 3:00 pm)			
How much time would you have available to do volunteer work at Valleyview?			
(e.g. 2 hours per week, 4 hours per	month, ect.)		

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	cedures for Valleyview require that a Police Records Check file for all volunteers. Do you agree to go to your local Police conducted? Yes No	
Signature:	Date:	
Volunteer Character References:		
contacted by telephone or, sm	ferences who we may contact on your behalf. They will either be all questionaire in a self addressed, stampted envelope that will be that you do not list family members as references.	
Reference 1:		
City:	Postal Code:	
	(Work)	
Reference 2:		
Name:		
	Postal Code:	
Phone: (Home)	(Work)	
Please Return To:		
Stephanie Leenders		
sleenders@stthomas.ca		
519-631-1030 ext 326		