



SENIORS'
COMMUNITY SERVICES
Living Well in YOUR Community

P.O. Box 1192, 215 Sanders Street, Suite 101, Kemptville ON K0G 1J0
tel: 613-258-3203 | fax: 613-215-0448 | www.seniorscs.ca

Volunteer Application Form

Name: _____ Telephone: _____ Cell _____

E-mail _____ Birth date: _____
(For statistical purposes at orientation)

Address: _____

911#	Street	P.O. Box
RR#	City/Town	Postal Code

In Emergency Contact: _____ Relationship: _____
 Telephone: _____ Alternate # (cell): _____

Volunteer Opportunities (Please check area(s) of interest)

- | | |
|--|--|
| <input type="checkbox"/> Diners' Club (<input type="checkbox"/> Meal Area <input type="checkbox"/> Driving) | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Foot Care Clinic, Reception | <input type="checkbox"/> Meals on Wheels (<input type="checkbox"/> heat <input type="checkbox"/> deliver) |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Transportation <input type="checkbox"/> Driver | <input type="checkbox"/> Computer Mentoring |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Board of Directors |

Availability for Transportation/Meals on Wheels Only:

Would you be willing to do regular scheduled drives? Yes No

Please note any days you would be regularly available: _____

Type of vehicle(s) available: _____

How many times per month would you be prepared to drive? _____

TRANSPORTATION ONLY:

Do you prefer to do only medical drives? yes no

Do you smoke? _____ If yes, will you be able to refrain from smoking while carrying out duties as a Volunteer Driver? _____

Areas you are willing to drive to: Local: _____ Long Distance: _____

Specify towns/communities: _____

How did you hear about Volunteer Opportunities at SCS? _____

Why have you decided to volunteer with SCS? _____

Please specify any info regarding your area of interest e.g. talents, hobbies etc.

Do you have any physical limitations that should be considered? _____

Work Experience/Education: _____

Volunteer Experience: _____

Languages spoken: _____

Availability: _____

**Insurance section for: Drivers - Transportation; Meals on Wheels;
Diners' Club; Friendly Visiting (if volunteer drives the client during the visit):**

Do you have a valid driver's licence? Yes No

We request that our Volunteer Drivers carry a minimum of \$1,000,000 of Third Party Liability Insurance.

Do you currently have \$1,000,000 *Third Party Liability*? _____ Policy#: _____

Liability Insurance Company: _____

Broker/Agent Name: _____ Telephone: _____

Mailing Address: _____ fax # _____

Note: Volunteer Drivers must notify their insurance company annually that they are continuing to do volunteer drives with SCS.

