

3. PREFERENCES

(a) Is there a particular type of volunteer work in which you are interested? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Visiting one-to-one with residents | <input type="checkbox"/> Clerical Support (phoning, sorting, stuffing envelopes, etc) |
| <input type="checkbox"/> Nail Care Assistant | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Music Helper | <input type="checkbox"/> Bus Trip Driver and/or Bus Trip Assistant (please circle) |
| <input type="checkbox"/> Exercise / Rehab Helper | <input type="checkbox"/> Sunday Tea & Church Helper - Tea 1:30; Church 2:30pm |
| <input type="checkbox"/> Animal Care (Birds & Cats) | <input type="checkbox"/> Bingo Assistant – Mon, Weds, Fri, Sat 1:15-3:30pm |
| <input type="checkbox"/> Boutique Cashier 12:15-3:45pm | <input type="checkbox"/> Apartment / Housing Program Helper |
| <input type="checkbox"/> Writing for Newsletter | <input type="checkbox"/> Entertainer – Skill: _____ |
| <input type="checkbox"/> Tea Socialite 1:30-3:30pm | <input type="checkbox"/> Other: _____ |

(b) Are you willing to make a 3-month commitment? Yes No

(c) Do you have any other information you would like to add? _____

4. BACKGROUND VERIFICATION

(a) Have you ever been convicted of a criminal offense? Yes No

(b) Please list two non-family references whom we may contact (i.e., one personal and one business or volunteer related)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If under age 16: I _____ give my permission for my child _____
(parent's name)

to volunteer for the New Vista Society and join the New Vista V's Volunteer Auxiliary.

Signature of Parent Date (Month, Day, Year)

FOR OFFICE USE ONLY Nametag _____ CRS _____ Orientation Date _____
Tracking Form _____ Email List: _____ Data Entered in Computer: _____

	Job Title	Supervisor	Start Date	Day	Frequency	Times
1.						
2.						
3.						

Comments: