

VOLUNTEER INFORMATION SHEET

A.	Personal Data:			
	Name			
	Address			
	Phone(s)			
	E-Mail Address			
	Contact Person			
	Languages spoken			
В.	Available Time to Volunteer:			
	1. Time of day: Morning Afternoon Evening			
	2. Day(s) of the we Sun I	eek: Mon Tues Fri Sat	Wed Every day	
	3. Frequency of visits: Weekly Monthly Twice a month			
C.	In which of the following activities do you wish to volunteer? (Tick off as many as you like)			
	Bingo	Bible Reading	Morning Coffee	
	Exercise	Cooking	Pet Visits	
	Bowling	Quilting	Pastoral Lay Visits	
	Sewing/Mending	Bus Outings	Other	

	Individual Visits (which could include)				
	1. Reading 2. Board Gar 4. Walks 5. Letter Wri				
	Host parties Piano or other musical instrument				
	Seasonal decorating	Other			
D.	You will require a criminal record check, for vulnerable population, prior to working as a volunteer. Date submitted				
Date		Signature of V	Volunteer		
Date		Signature of V	WRM Representative		