

normanna

7725 - 4th STREET, BURNABY, BC V3N 5B6 CANADA
TEL (604) 522-5812 • FAX (604) 522-5803



VOLUNTEER APPLICATION PACKAGE

Thank-you for your interest in becoming a volunteer with our Organization(s).

Please complete the form and return to:

Normanna
7725 4th Street
Burnaby, BC V3N 5B6

Attention: Juby Sprake, Executive Assistant

Or email to

info@normanna.ca

Subject line: Volunteer Application



Volunteer Application Form

Please Print Clearly

Name: _____

Address: _____

Home Phone: _____

Emergency Contact: _____

Work or Cell Phone: _____

Phone: _____

Educational Background: _____

Current Occupation: _____

Hobbies, Skills, Interests: _____

Previous Volunteer Experience: _____

Languages Spoken: _____

Reason for Volunteering: _____

Capacity of Volunteering:

- Working with seniors one-on-one
- Working with seniors in activity programs
- Working with seniors with Care Department
- Other (*please specify*)

Dates Preferred: _____

Times Preferred:

- Morning Afternoon Evening
- Weekends After School Anytime

Time Commitment to Volunteering:

- 3 Months 6 Months Other _____

Do you have any special abilities or limitations that may limit your ability to perform certain types of work?

- No
- Yes (*please specify*)

If you are volunteering as a requirement, please describe which organization the requirements are for and how many hours are needed to fulfill the requirements:

Organization: _____

Hours Required: _____

How did you hear about us?

- Website Referred by friend/volunteer Agency/School
- Volunteer Center Newspaper Advertisement Other

Parental Consent: *Applicable to applicants under 19 years of age.*

In order for your child to become a volunteer with us we require your consent and involvement in helping them to have a productive experience. Please read and sign this form if you would like your child to be considered for a volunteer position.

Name of Youth Volunteer: _____

Anticipated days and number of hours per week: *(i.e. Saturday or Sunday 2 – 3 hours)*

Description of anticipated volunteer work: *(i.e. playing cards, assisting in recreation activities)*

Expected duration of volunteer work: _____
(i.e. 3 months / ongoing)

Consent:

- I understand that my child named above wishes to be considered for volunteer work at Norwegian Old People's Home Association and I hereby give my permission for them to serve in that capacity, if accepted by the agency.
- I understand that they will be provided with orientation and training necessary for the safe responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures.
- I understand that they will not receive monetary compensation for their services.

Responsible Party: _____ Signature: _____
(Name: Please Print)

Relationship to Youth: _____ Date: _____

School Contact: _____ Phone: _____