



Adult Volunteer Registration Form

Jubilee Residences

Last Name _____ First Name _____

Address _____

Postal Code _____ Home Phone _____

Occupation _____ Work Phone _____

Cell Phone _____ E-mail Address _____

Birth Date: _____ Health Card _____

Doctor's Name _____ Doctor's Phone _____

In case of emergency, contact designate

Name _____

Phone: Home _____ Work _____

Relationship to you _____

Is there any pertinent medical information of which we should be aware? Yes No

If yes, explain _____

Programming Information

Do you have any special skills, interests or training that you would like to share with our residents? _____

Reasons for volunteering _____

Past or present volunteer experience

Can you commit to volunteer on a regular basis for six months? **Yes** **No**

Most programs are scheduled at least a month in advance. Recreation's daily activities are posted by the dining room and monthly calendars can be picked up beside the elevator on the main floor or by the bulletin board on the second floor (Stensrud) or by the dining room (Porteous).

Please indicate the days and times which may work best for you:

	Sunday	Monday	Tues	Wed	Thurs	Friday	Sat
Morning							
Afternoon							
Evening							

References: Two references required. (Must not include family members)

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Confidentiality Agreement

I agree to hold in strict confidence all information concerning the residents of Stensrud or Porteous lodge and agree not to discuss their personal information with anyone other than those properly authorized. I am aware that should I violate this confidence I may be asked to resign my position as a volunteer.

Signature: _____ Date: _____