



THE ONTARIO FINNISH RESTHOME ASSOCIATION

725 North Street
Sault Ste. Marie
Ontario P6B 5Z3
Tel: (705) 945-9987
Fax: (705) 945-1217

VOLUNTEER APPLICATION

Name _____
Last First Middle Initial

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ E-mail: _____

☐ Male ☐ Female

Age group: ☐ under 15 ☐ student – 15 + ☐ adult 18 +

Person to notify in emergency:

Name: _____ Relationship: _____

Address: _____ Phone No. () _____

Education: (indicate your current level or highest level of education obtained)

☐ High School/GED

☐ College or University

☐ Special training (business, vocational, technical, etc.)

Elementary and Highschool Students:

Are you presently attending school? ☐ Yes ☐ No

Name of School: _____

Will you be receiving academic credit for your volunteer work? ☐ Yes ☐ No

What clubs or organizations were you or are you currently a member of?

List any Special Training (CPR, First Aid, etc.) that you have received.

Languages Spoken: _____
Read & Written: _____

Have you completed the criminal reference check for volunteering? (Please attach)

☐ Yes ☐ No _____

Drop Volunteer applications off at the above address
Or call: Heidi Slotegraaf – (705) 945-9987, Ext. 203

Availability: ☐ weekly ☐ every two weeks ☐ once per month

Number of hours: _____/week _____/month

Days/Times of the week preferred: _____

Check areas in which you would be interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Helping with games of chance | <input type="checkbox"/> Working with residents in gardens |
| <input type="checkbox"/> Helping seniors use computers | <input type="checkbox"/> Ticket selling |
| <input type="checkbox"/> Outdoor/gardening projects | <input type="checkbox"/> Accompanying residents on outings |
| <input type="checkbox"/> Accompanying residents to appt.'s | <input type="checkbox"/> OFRA Board of Directors |
| <input type="checkbox"/> Playing Cards | <input type="checkbox"/> OFRA Ladies Auxiliary |
| <input type="checkbox"/> W/c bus driver (Class "F" LICENSE) | <input type="checkbox"/> OFRA Foundation |
| <input type="checkbox"/> Arts & crafts projects | <input type="checkbox"/> Administrative duties |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Helping with special events |
| <input type="checkbox"/> Friendly visiting with residents | <input type="checkbox"/> Bartender (Smart Serve required) |
| <input type="checkbox"/> Assisting residents with meals | <input type="checkbox"/> Pet Therapy visits |
| <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Website duties |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Providing musical entertainment |
| <input type="checkbox"/> Reading to residents | <input type="checkbox"/> Providing Spiritual Care |
| <input type="checkbox"/> Baking | <input type="checkbox"/> WII groups |
| <input type="checkbox"/> Teaching Classes | <input type="checkbox"/> Providing spiritual/religious programs |
| | <input type="checkbox"/> OTHER: _____ |
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References: (No personal references. Require two work (supervisor, manager), school (teacher, principal) or volunteer related reference, including complete address and phone number)).

1) Name:..... Relationship:.....
Street Address:.....
City:..... Postal Code:.....

Phone:.....

2) Name:..... Relationship:.....
Street Address:.....
City:..... Postal Code:.....

Phone:.....

By signing below, I give my permission to check the references I have listed above and verify that in answering the above questions, I have provided accurate and complete information.

Signature: _____ Date: _____