

VOLUNTEER REGISTRATION FORM

Date: _____

Name: _____
Address: _____
Telephone: _____
Email: _____
Date of Birth: _____

Weekly availability: Morning Days available _____
 Afternoon _____
 Evening _____

Weekend availability: Morning Days available _____
 Afternoon _____
 Evening _____

Language skills: French
 English
 Others: _____

Identify the area you are interested in:

- Meals on Wheels
- Social and Congregate Dining
- Transportation
- Day Program
- Assistance to elders
- Office Work
- Fundraising activities
- Special Events
- Member of the Board of Directors

Hobbies/ Leisures: _____

Person to contact in case of emergency:

Name: _____ Phone number: _____

Name: _____ Phone number: _____