



# Kings Regional Rehabilitation Centre Volunteer Application Form

(Volunteers must be age 18 or older. A criminal record check will be required)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: (Month & Day) \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Education: \_\_\_\_\_

Spoken Language(s): \_\_\_\_\_

Occupation: \_\_\_\_\_

Health concerns that may affect where you volunteer: \_\_\_\_\_  
(allergies, back weakness, heart problems, epilepsy, etc.)

Person to Contact in Case of Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Previous Volunteer and/or Related Experience:  
\_\_\_\_\_  
\_\_\_\_\_

Interests, Skills, Training, or Hobbies:  
\_\_\_\_\_  
\_\_\_\_\_

When Are You Available to Volunteer: (please check)

<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Thursday
<input type="checkbox"/>	Afternoons	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Friday
<input type="checkbox"/>	Evenings	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Saturday
				<input type="checkbox"/>	Sunday

Two Personal References:

Name:		Name:	
Address:		Address:	
Phone:		Phone:	

**FOR OFFICE USE ONLY** (KRRC Volunteer Application Form – page 2)

Volunteer name: \_\_\_\_\_

Date Started: \_\_\_\_\_

Placement: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Sessions: \_\_\_\_\_  
\_\_\_\_\_

Service Record: \_\_\_\_\_

Termination: \_\_\_\_\_

Other notes: \_\_\_\_\_