



ST. PATRICK'S HOME OF OTTAWA

VOLUNTEER SERVICES

Last name _____ First Name _____

Address: Apt. _____ Street _____ City _____

Postal Code _____ Telephone (Home) _____

(Cell) _____ (E-mail) _____

Emergency contact: Name _____ Telephone _____

Languages Spoken: _____ English _____ French other _____

Work Experience _____

Special Interests / Skills / Qualifications: _____

Volunteer Experience: _____

How did you hear about our Volunteer Program? _____

Reasons for Volunteering: _____

Are you considering _____ Short term commitment (less than 6 months) _____ Long term commitment

When are you available? Circle the appropriate time(s) of day:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Day	Morn Aft Day Evening	Morn Aft Evening Evening	Morn Aft Evening Evening	Morn Aft Evening Evening	Morn Aft Evening Evening	Morn Aft Evening Evening	Morn Aft Evening Evening

Possible Volunteer Assignments: Please indicate your choice(s):

- | | | | |
|------------------------|------------------------|------------------------------------|----------------------|
| Arts & Crafts _____ | Fundraising _____ | Musician (organ _____ | Social Work _____ |
| Bar Tender _____ | Games _____ | piano, guitar) _____ | Special Events _____ |
| Bingo _____ | Hairdresser _____ | Palliative Care _____ | Tuck Shop _____ |
| Cards _____ | Pastoral Visitor _____ | Wheelchair Escort _____ | |
| Clerical _____ | Refreshment _____ | Walking Program _____ | |
| Paddy's Place _____ | Sacristan _____ | Pet Therapy _____ | |
| Entertainment _____ | Mass Escort _____ | Resident Home Area Assistant _____ | |
| Friendly Visitor _____ | Meal Assistant _____ | | |

Signature: _____ Date: _____