



Barry's Bay & Area Senior Citizens Home Support Services
 Box 148, Community Services Centre Unit # 2, 7 St. Francis Memorial Drive,
 Barry's Bay, Ontario K0J 1B0,
 613-756-2772/(Fax) 613-756-2784

VOLUNTEER REGISTRATION APPLICATION
(For Drivers see Volunteer Driver Application forms/process)

Date: _____

Name: _____

Address: _____

Telephone: () ___ - _____ **Email:** _____

I AM INTERESTED IN VOLOUNTEERING FOR THE FOLLOWING SERVICE(s):

- | | | | |
|-----------------------|-----------------------|---------------------------|-----------------------|
| Client Transportation | <input type="radio"/> | Meals on Wheel - Delivery | <input type="radio"/> |
| Telephone Reassurance | <input type="radio"/> | Friendly Visiting | <input type="radio"/> |

Volunteer's Availability:

- Geographical Areas (not applicable to Office Volunteer Work)

- Days _____
- Times** _____
 (** This is important for telephone reassurance services as the client should be phoned at approximately the same time every day i.e. mornings, afternoons or evenings as requested. Also applies to Office Volunteer Work position).

Volunteer Matching to Client(s): (Does not apply to Office volunteer Work position)

- Do you have any special interests; i.e. sports, cooking, etc.? Please list them:

- Do you prefer a male or female client? State Choice: _____
- Do you have any allergies to smoke, animals, other? _____
- Do you prefer a client that is a non-smoker? _____ Does not matter? _____

*** Note: Please supply BBAHS with 2 reference checks – see attached forms.**
The information collected on this form is private and confidential and will not be used or disclosed in any form except for the purposes of service delivery as outlined in the BBAHS Privacy Policy.