



AVENS Volunteer Program Volunteer Application Form

Office Use Only:
AD: _____
RD: _____
OD: _____
SD: _____

Personal Data:

Name: _____
 Address: _____ Postal Code: _____
 Phone: _____ (home) _____ (work)
 Email: _____

Age: Senior (60+) Adult (18-59) Youth (13-17) 12 & Under

How did you hear about the Volunteer Program at AVENS? _____

Do you have any volunteer experience? _____ If Yes, where? _____

Why do you want to volunteer at AVENS? _____

Availability:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Frequency (e.g. number of times per month): _____

Interests:

- Walks
- Escort to Events
- Visits/Talks
- Board Games
- Crafts
- Cultural Activities
- Singing/Playing an Instrument
- Other: _____

Additional Questions:

I agree to have a Criminal Records Check done: Yes No

I agree to release my Immunization Records: Yes No

Are you a High School student doing Community Hours? Yes No

Signature: _____ Date: _____

Reference:

Name: _____ Position/Relationship: _____

Phone: _____ Email: _____

Please return to:

Volunteer & Recreation Supervisor
AVENS - A COMMUNITY FOR SENIORS

5710 50th Avenue

YELLOWKNIFE, NT X1A 1G1

 **867.920.2443, Ext. 103**

 **867.873.9915**

 **vrs@avensseniors.com**

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