



Volunteer Application

Thank you for your interest in supporting Momiji Health Care Society. You have joined a team of more than 800 volunteers who generously share their time, talents and skills to help us reach our goals. We value your time and energy, as you are a vital member of our organization. We want to build a mutually beneficial relationship in which you, our valued volunteer, use your strengths, passions and dedication to not only benefit Momiji, but to positively enhance your own life. Thank you for your support and we look forward to working with you.

Date: _____
Last Name: _____ First Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Business Phone: _____ E-mail: _____

Languages:

English: Spoken Written Japanese: Spoken Written Other: Spoken Written

Skills and Interest: _____

Area(s) of Interest in Volunteering:

Is there a particular type of volunteer work in which you are interested? (Please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Assisting with the Momiji Store |
| <input type="checkbox"/> Friendly Telephone Assurance | <input type="checkbox"/> Church Services-Pastoral Care |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Decorating for Events/Holidays |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Assisting activities for seniors | <input type="checkbox"/> Pet Visits |
| <input type="checkbox"/> Assisting with Bazaar | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Assisting on outings | |
| <input type="checkbox"/> Assisting in shopping | |
| <input type="checkbox"/> Assisting at Congregate Dining Program | |
| <input type="checkbox"/> Assisting with Fund Raising/Organizing Special Events | |
| <input type="checkbox"/> Education Program Registration | |
| <input type="checkbox"/> Other: _____ | |

Availability:

Dates and Times		Morning Before 12pm	Afternoon 12pm-5pm	Evening After 6pm	Specific Times (Optional)
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

How long do you think you will be able to volunteer at Momiji? _____

How did you hear about volunteering with Momiji?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Phone Book | <input type="checkbox"/> Other |
| <input type="checkbox"/> Walked by | |

Person to notify in case of emergency: _____ Phone _____

References:

Please provide two references from volunteer, work, or school experience (your direct supervisor is preferable not a relative). Provide personal references if others are

1. Name: _____ Relationship: _____
 Address: _____
 Phone: _____ Postal Code: _____

2. Name: _____ Relationship: _____
 Address: _____
 Phone: _____ Postal Code: _____

To facilitate my screening as a volunteer with Momiji Health Care Society, I hereby authorize the exchange of information between Momiji Health Care Society and the above listed referees.

 Signature of Applicant

 Date

 Signature of Witness

 Date

(All information is kept in strictest confidential)

Please forward application to:

Momiji Health Care Society
3555 Kingston Road
Scarborough, ON M1N 3W4
Phone: 416 261-6683 Ext 234 Fax: 416 261-9384
Email: volunteering@momiji.on.ca