



Respect, Dignity  
and Independence  
for Our Seniors

## Volunteer Application

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Thank you for your interest in supporting Momiji Health Care Society. You have joined a team 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: \_\_\_\_\_

Youth under 18

Youth 18-24

Adult over 24

### Languages:

English:  Spoken    Japanese:  Spoken    Other:  Spoken

Written                       Written                       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).

Friendly Visiting

Friendly Telephone Assurance

Volunteer Driver

Receptionist

Assisting activities for seniors

Assisting with Bazaar

Assisting on outings

Assisting in shopping

Assisting at Congregate Dining Program

Assisting with Fund Raising/Organizing Special Events

Volunteer Translator

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

Assisting with the Momiji Store

Momiji Cafe

Church Services-Pastoral Care

Decorating for Events/Holidays

Gardening

No preference

Please explain your reason(s) for volunteering with Momiji. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

Dates and Times	Day	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:** Someone we can call in the event of emergency

Last Name	
First Name	
Relationship	
Street Address	
City /Town/Postal Code	
Telephone Number/E-mail	

**References:** (Preferably someone with whom you have worked or volunteered- not a relative)

Last Name	
First Name	
Relationship	
Street Address	
City /Town/Postal Code	
Telephone Number/E-mail	

Last Name	
First Name	
Relationship	
Street Address	
City /Town/Postal Code	
Telephone Number/E-mail	

If accepted as volunteer with Momiji, I will require a letter to verify my volunteer status. Purpose of letter:

- High school
- Workfare/Ontario works
- Employment reference
- Volunteer reference
- Character reference
- Other (explain) \_\_\_\_\_

I understand that I cannot receive a volunteer letter until I am actively volunteering with Momiji.  Yes  
I am willing and be able to make a minimum commitment of 6 months to Momiji Volunteer Program   
yes  no If "no" please indicate minimum commitment possible \_\_\_\_\_ months.

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 references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

*(All information is kept in strictest confidential)*