



Grand View Manor

VOLUNTEER APPLICATION FORM

110A Commercial St.
Berwick, NS B0P 1E0

Telephone (902)538-3118
Fax (902)538-3998

Full Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Emergency Contact (please provide name / relationship & telephone number)

Volunteer Schedule Availability:

Availability	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Please give us a brief description about yourself (i.e. education, profession, personality)

Why do you want to volunteer at GVM? How did you hear about us?

Do you have previous volunteer experience? _____

Please check any area of interest while volunteering:

Program Assistance

☐ Bingo ☐ Bowling ☐ Music programs ☐ Exercises ☐ Baking ☐ Painting/Crafts

One on One Interaction

☐ Visits ☐ Walks ☐ Reading/ puzzles

Special Events

☐ Holiday Teas ☐ Family Day ☐ Fundraisers ☐ Special Walks

☐ Other: _____

Please list two references, names and numbers (other than your family members):

1. _____
2. _____

I, _____ give permission for Grand View Manor to use my photo for the display boards, brochures, and the Grand View Manor website.

I agree to participate in the Grand View Manor orientation and subsequent training sessions. I agree to abide by the facility policies, rules and regulations and to respect the confidentiality of all information I may have access to at Grand View Manor.

Volunteer Applicant's Signature: _____ Date: _____

Junior Volunteer (If under the age of 18 please fill in the following information)

Date of Birth: _____

Parent/Guardian name and phone: _____

I, _____ give my permission for _____ to become a junior volunteer for Grand View Manor.

Signature of Parent/Guardian