

OSEWOOD	Recreatio	on & Volunteer Ser	rvices		
A N O R	Volunt	eer Registration Fo	orm		
62		Road, Richmond, B.C.			
	(6)	04) 271-3590 ext 122			
Commitment Time: Min	imum of three	e (3) months required.	Minimum Age: 12 or G	rade 7	
Criminal Record Check: Required (form will be given at your interview)					
Influenza vaccine:	Required du	ring flu season (Dec-A	April)		
	(F	Please print clearly)			
Last Name:					
		Preferred name	:		
Address:					
City:		Postal Code: _			
Telephone numbers:					
Home:					
Work:		E-mail:			
Occupation:					
Are you a student? If so, w	nere and wh	at year/grade:			
List any experience (work/ Manor (e.g., care aide/nurs		0	-	osewood –	
Do you have a medical cor	ndition that w	vould affect your volu	nteering (please explain).	_	
Languages: Spoken:		Written:		_	
Interests and Hobbies:				_	
What instruments do you	plav?			_	
, , , , , , , , , , , , , , , , , , ,	F 'J'			_	
Please indicate volunteer a	ireas vou are	interested in:			
One-to-one visiting	5				
Small groups					
Large groups					
Availability: Day(s):					
Time(s):	morning	afternoon	evening	$Over \rightarrow$	
	-		-		

## REFERENCES

1.	Name:	Phone:	
	How do you know this person?		
2.	Name: How do you know this person?	Phone:	
Who	should we contact in the event of an emergency	7?	
Nam	e:	Relationship:	
	ne numbers:		
How	did you hear about Rosewood Manor's Volunte	er Program?	

"I hereby certify that the information contained in this application is true to the best of my knowledge."

\_\_\_\_\_

Registrant's Signature

Parent/guardian consent (required for volunteer applicants under the age of 16)					
I am aware that Rosewood Manor. I give my approval for this.	has applied to become a volunteer with				
Name of parent/guardian (please print):					
Signature:	Date:				