

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:				