

Volunteer Application

100 Sunset Drive Fredericton, NB E3A 1A3 www.yorkcarecentre.ca Tele: (506)444-3880 Fax: (506)444-3544







PERSONAL INFORMATION

Full Name :	Date of Birth : / / /	
Address :	Month Day Y	/ear
Postal Code :	Email :	
Phone:	Secondary Phone:	
Emergency Contact:	Emergency Contact #:	
Availability & Background		
Please provide your availability to volunteer i.e.	.: 9am to 12pm, 1:00pm to 5:00pm etc.	
Volunteer or Work Experience:		
Education & Training:		
J		
/olunteer Opportunities:		
lease check which opportunities you may be in	nterested in.	
Friendly visitor	Seasonal events	
Baking & cooking	(Mother's Day/Father's Day, Christmas, New Year's Eve, St. Patr Outing volunteer	ick's D
_ ~ ~	—	
Reading & social programs	I - I Worship service choir member	
Physical activity/exercises	Worship service choir member Creative communities	
Physical activity/exercises Indoor & outdoor gardening	Creative communities (Photography, painting, crafts, rhythmic dance etc.)	
Physical activity/exercises Indoor & outdoor gardening Volunteer porter for afternoon	Creative communities (Photography, painting, crafts, rhythmic dance etc.) Pet therapy/pet visits/pet care	
Physical activity/exercises Indoor & outdoor gardening Volunteer porter for afternoon Beauty time - nail care	& evening music Creative communities (Photography, painting, crafts, rhythmic dance etc.) Pet therapy/pet visits/pet care Bus & van driver	
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More Information:

Please contact:

Stephanie Seymour

Manager Therapeutic Recreation & Volunteer

Services

(506) 444-3880 Ext. 3111 sseymour@yorkcarecentre.ca

Volunteer Signature

Date