

New Hope Senior's Centre  
Volunteer Request Form

Personal Identification:

\_\_\_\_\_ Family Name

\_\_\_\_\_ First Name

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Current Status:

retired

working

student

other \_\_\_\_\_

Volunteer Position of Interest:

Meals on Wheels

Driver

Runner (Delivery Person)

Activity Animator

i.e. Physical Exercise

Discussion Group

Hall Monitor

Baking Desserts

Other area of Interest \_\_\_\_\_

Time and Day Available:

Monday \_\_\_\_\_

Wednesday \_\_\_\_\_

Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Thursday \_\_\_\_\_