



JACKMAN MANOR

Applicants return form to:

Jackman Manor
Attn: Recreation Department
27477-28th Avenue
Aldergrove, BC V4W 3L9
Ph: (604) 856-4161 Ext 225
Fax: (604) 856-2562
Email: activities@jackmanmanor.com

VOLUNTEER APPLICATION FORM

Date of Application _____

Name _____ Home Phone _____
Last First Middle Initial

Current Address _____ Cellphone _____
Box/Apartment/Street

City _____ Prov _____ Postal Code _____

Email _____

In Case of Emergency, contact: _____ Phone _____

1. In which capacity would you like to volunteer?

2. Please indicate the date you are available to begin, which times you are available, and how long you plan to volunteer.

3. Why do you want to volunteer with Jackman Manor?

4. In terms of your personal life's goals, what is most important to you?

5. Describe any experience you have supporting or relating to individuals who have a cognitive impairment or physical disability.

6. What education have you completed to date?

7. What volunteer experience have you had to date?

8. What are some of your interests, hobbies, or abilities?

9. Please list two references who are in a position to judge your general character, motivation and employment record and who can evaluate your qualifications for the work in which you are interested e.g. volunteer supervisor, teacher, pastor. DO NOT include relatives.

Note: We are unable to proceed with your application until complete references are supplied.

Reference #1	Name	Employer's Occupation/Title	Company	Phone(work, cell, home)	Email
				W:	
				C:	
				H:	
Reference #2	Name	Employer's Occupation/Title	Company	Phone(work, cell, home)	Email
				W:	
				C:	
				H:	