



**Applicants return form to:**

Jackman Manor  
Attn: Volunteer & Community Relations Coordinator  
27477-28<sup>th</sup> Avenue  
Aldergrove, BC V4W 3L9  
Ph: (604) 856-4161 Ext 234  
Fax: (604) 856-2562  
Email: [volunteer@jackmanmanor.com](mailto:volunteer@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.**

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