

# Volunteer Application Form

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Marital Status:  Single       Married       Widow/er       Other

Health Status:  Excellent       Good       Fair

Have you had any recent illness? *(If Yes, please specify)*

\_\_\_\_\_

Have you suffered a bereavement or major change recently? *(If Yes, please specify)*

\_\_\_\_\_

Have you reconciled to this loss or change? \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

**As a Senior Peer Counsellor, you are asked to make a commitment to the following:**

1. Complete the Senior Peer Counsellor Training course
2. Agree to a criminal records search
3. Maintain client confidentiality
4. Serve as a Senior Peer Counsellor for at least one year
5. Attend monthly support and in-service education meetings

**Please answer the following questions:**

1. Why do you want to become a Senior Peer Counsellor?

\_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, what are the major problems faced by seniors in the community?

\_\_\_\_\_  
\_\_\_\_\_

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3. What are your particular strengths?

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4. What do you consider most important when communicating with seniors?

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5. What are your special interests, hobbies or skills?

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6. Describe your work and volunteer experiences.

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7. What types of learning situations do you enjoy most? (*Lectures, workshops, group process*) Explain why:

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8. Additional qualifications, skills or experiences relative to helping others:

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9. Are there times of the year you will not be available for counselling?

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**References:**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Thank you for your cooperation in completing this application form.  
All information is confidential.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_