



Friendly Visiting Program
2420 Montrose Avenue, Abbotsford, BC V2S 3S9
Phone: 604-854-1733 Fax: 888-718-6423
HealthyAgingAbbotsford@Gmail.com

Volunteer Application Form

Personal Information

Name: Miss Mrs. Ms Mr.

Date: _____

First & Last Name: _____

Address: _____

Daytime Tel: _____

Evening Tel: _____

E-Mail & Fax: _____

Date of Birth: _____

Emergency Contact: _____

Tel: _____

E-mail: _____

Work Experience

Are you presently employed? No Yes Student Retired

If yes, to employed or student: Full Time Part Time

Employer/ School Name: Current

Position: _____

Education/Training (please check)

High School University/College Other (please specify):

Please list any other relevant training, certification, experience, etc:



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Languages: Other Written Spoken Both

English Written Spoken Both

Skills: Please list skills, activities in which you have experience; as well as, any hobbies you might have to assist us in matching you with the perfect client:

Please List Availability including times, days, and number of clients you are able to visit:

Anything else you would like us to know (If you currently have a client you visit please list details here):

Please list two references:

Criminal Record Check will be required to volunteer; as well as, two references