



Friendly Visiting Program  
Phone: 604-854-1733 Fax: 888-718-6423  
[HealthyAgingAbbotsford@gmail.com](mailto: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:

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

Languages: English \_\_\_\_\_  Written  Spoken  Both

Other \_\_\_\_\_  Written  Spoken  Both



**Friendly Visiting Program**

**Phone: 604-854-1733 Fax: 888-718-6423**

**[HealthyAgingAbbotsford@gmail.com](mailto:HealthyAgingAbbotsford@gmail.com)**

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\*