



## **Macdonald Services to Seniors** Volunteer and/or Fee for Service Application

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

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

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

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

### **Please check off the areas you would be willing to volunteer for or what service you would fee provide for.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> laundry                | <input type="checkbox"/> snow removal        | <input type="checkbox"/> mail pick up   |
| <input type="checkbox"/> delivering groceries   | <input type="checkbox"/> garden tilling      | <input type="checkbox"/> music          |
| <input type="checkbox"/> mending or alterations | <input type="checkbox"/> weeding             | <input type="checkbox"/> escort*        |
| <input type="checkbox"/> light housekeeping     | <input type="checkbox"/> mowing lawn         | <input type="checkbox"/> reading*       |
| <input type="checkbox"/> heavy housekeeping     | <input type="checkbox"/> raking leaves       | <input type="checkbox"/> transportation |
| <input type="checkbox"/> running errands        | <input type="checkbox"/> home maintenance    |   |
| <input type="checkbox"/> friendly visitor*      | <input type="checkbox"/> daily phone checks* |   |

Do you have a valid Driver's License? \_\_\_\_\_

Do you have the use of a car? \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

Do you have experience working with seniors? \_\_\_\_\_

### **Please check the days of the week you are able to provide volunteer or fee provider services:**

Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday     Sunday

mornings     afternoons     evenings

### **Please check off the communities that you would be willing to offer volunteer or fee provider services in:**

Brunkild     Domain     La Salle     Oak Bluff  
 Sanford     Starbuck

Why would you like to be involved in this program?

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List any hobbies, interests and experience you have which might be of benefit to your work with seniors.

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Please list any restrictions that may affect your availability (amount of work per week, physical limitations, time of day, etc...)

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Please list three references including names, telephone numbers or email addresses. Please do not include family members in your list. Please do not include anyone you do NOT wish us to contact.

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**Thank you for taking the time to fill out this application form. This information will be kept strictly confidential.**

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**Signature of applicant**

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**Date**

Please return the completed application to  
**Macdonald Services to Seniors**  
**Box 283**  
**Starbuck, MB R0G 2P0**