



Registration Form for Volunteers

We require all our volunteers to undergo a Police Check. Please attach your C.V.

Name (please print):	
Phone Number:	
Email Address (please print):	
Address (please print):	
Postal Code (please print):	

1. What are your special interest, skills or hobbies?

2. Do you have any health considerations that might affect your work as a volunteer?

3. Do you have a car?

4. What would you enjoy doing as a volunteer?

- Meal planning, grocery shopping, and/or cooking
- Fitness / sports activities
- Organizing
- Budgeting

- Help with computers (Office 365)
- Participating in outings and social activities
- Driving for events, activities
- Transportation and accompaniment for medical appointments

5. Have you ever worked with the mentally ill or known someone with a mental illness?

6. What in particular interests you about working with the mentally ill?

7. What are your personal expectations from working with Our Harbour?

References

Our policy is to ask for two references who are not family members.

We suggest that you choose as references people who have known you for several years, such as:

- A minister, priest, rabbi or officer of the faith community you attend
- An employer, supervisor or department head
- A neighbour
- A friend
- A fellow member of a service club, lodge, fraternal organization, professional society, etc.

#	Name (please print)	Phone Number	Email Address
1			
2			

Name (please print):	Signature:
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Date: _____