



c/o 363 Colborne Street,
 Brantford, ON N3S 3N2
 Telephone 519-754-0777 Ext. 439
 Email: info@grcoa.ca

Volunteer Information Form

(Please print and check the boxes that apply to you)

| | | | |
|--|---|-------------------------------------|---|
| About You | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ | | |
| | First Name: | Last Name: | |
| | Date of Birth: | | |
| Home Address | Street: | City: | |
| | Province: | Postal Code: | |
| Mailing Address (if different than above) | Street: | City: | |
| | Province: | Postal Code: | |
| Name of Business: (if applicable) | Name: | | |
| Business Address | Street: | City: | |
| | Province: | Postal Code: | |
| Contact Info | Which address do you prefer we use to contact you? | | |
| | <input type="checkbox"/> Home | <input type="checkbox"/> Mailing | <input type="checkbox"/> Business |
| Phone Numbers | Home: | Work: | Cell: |
| | | Ext: | |
| Phone Contact | Which number do you prefer we use to contact you? | | |
| | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| Email | | | |
| Emergency Contact | Name: | | Phone: |
| | Relationship: | | |
| I am: | <input type="checkbox"/> Employed | | <input type="checkbox"/> Retired |
| I am available: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends |
| | <input type="checkbox"/> Variable Times | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| My Mobility: | <input type="checkbox"/> Able | | <input type="checkbox"/> Need some Assistance |

Grand River Council on Aging – Volunteer Information Form Continued

I am interested in:

- Serving on a Committee
- Writing Articles
- Social Media Posts
- Administrative Support
- Assisting at an Event
- Public Speaking
- Marketing
- Other_____

I have experience in the following areas: (Please check appropriate example)

| Administration | Leadership | Practical or Technical |
|--|--|---|
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Board Member | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Small Repairs |
| <input type="checkbox"/> Newsletter/Mailings | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Food preparation |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Organizational | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| Volunteer History Examples: | 1. 2. 3. | |

I am interested in the following aspects of age-friendly community planning:

- Civic Participation and Employment
- Communication and Information
- Community and Health Services
- Housing
- Outdoor Spaces and Buildings
- Respect and Social Inclusion
- Social Participation
- Transportation

How did you hear about the Grand River Council on Aging?

Signature

Date

**Should any of the above information change please contact the GRCOA at:
519-754-0777 Ext 439 or email info@grcoa.ca**

Volunteer Privacy Policy:

Information provided by volunteers will be kept in a confidential and secure manner. You may “opt out” of volunteering or receiving further mailings from us by contacting us as noted above. You may also “opt out” of having your name used for program recognition.