



**THE SALVATION ARMY
WILLIAM BOOTH SPECIAL CARE HOME
50 Angus Road, Regina, SK S4R 8P6
Volunteer Registration**

PERSONAL: (please print)

Name _____ Home phone _____

Address _____ City _____

Postal Code _____

Email: _____

Present or Past Occupation: _____

Emergency Contact : _____

Phone Number : _____ Relation: _____

Reference person (other than family members):

Name: _____

Phone Number: _____ Relation: _____

Do you have any other volunteer experience or community involvement? _____

Why did you choose to come to the Home to volunteer? _____

Describe personal qualifications or work experience that you feel would be an asset in your volunteer work: _____

Do you speak a foreign language? Yes ___ No ___ if yes, which _____

AVAILABILITY:

How long of a time commitment are you willing to make?

1 to 3 mo. ___ 3 to 6 mo. ___ 6 to 12 mo. ___ Indefinitely ___

Time of day available:

Morning ___ Afternoon ___ Evening ___ Any time of day ___

Days of the week available:

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

Frequency of visits:

Weekly: ____ per week

Monthly: ____ per month

AREAS OF INTEREST:

What kind of hobbies, interests or skills do you have? _____

Do you have any interest in: gardening, playing cards? _____

Do you play the piano? Sing? _____

“I AGREE TO HOLD IN STRICTEST CONFIDENCE ALL INFORMATION CONCERNING RESIDENTS AND THE HOME OPERATIONS AND AGREE NOT TO DISCUSS THESE MATTERS WITH ANYONE OTHER THAN THOSE PROPERLY CONCERNED.”

Volunteer Signature

Authorized Signature

Date