

Trinity Care Centre 75 Green Ave W Penticton BC V2A 7N6

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DATE:

		Volunte	er Application	Form	
Personal I			Phone:		(Home)
	(Surname)	(First)			(O II)
(Street Number, Street Name) Email Address		, , ,	(Postal Code)		
Special In	terest and Traini	ng (Business	s, Professional, Hob	obies)	
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————	Clubs, Flev			Catego	ry: Student()
	_ Work Experienc	e () Adult ()	Family () other	•	ry. Gladeni ()
(Nan 2(Nan	ne) ne)		Phone: _	(Busir (Home) (Busir	ness)
************ Availability	**************************************	mes and days	you are available to vo	olunteer. For O	****** Office Use Only:
Type of Volu () Residue () Bingue () Mani () Craft	ngs (e.g. picnics, scer	: Suggestions () S () F () G () E	shopping riendly Visits Sames vening Programs	References CRC: Interview: Orientation Name Tag: Comments	n:
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