

**Leamington Mennonite Home  
VOLUNTEER APPLICATION FORM**

Please Submit this form to our Front Office located at 35 Pickwick Drive, Leamington  
or email to [samantha@mennonitehome.ca](mailto:samantha@mennonitehome.ca)

**VOLUNTEER INFO**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mailing Address (if no email) \_\_\_\_\_

Church Membership (if applicable) \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**EMERGENCY CONTACT INFO**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I am interested in volunteering for the following activities:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crafts              | <input type="checkbox"/> Hair Salon     | <input type="checkbox"/> Meals on Wheels     |
| <input type="checkbox"/> Mealtime Assistance | <input type="checkbox"/> Pet Visitation | <input type="checkbox"/> Resident Visitation |

**Applicable skills/interests relating to volunteer activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteers are an enormous part of our community. We are always  
looking for those wanting to get involved!**

**Volunteer Coordinator Use Only**

Date Received: \_\_\_\_\_ Date Approved & Contacted: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Confidentiality Agreement       | <input type="checkbox"/> Police Clearance          |
| <input type="checkbox"/> TB Test (under 65)              | <input type="checkbox"/> Chest X-ray (65 and over) |
| <input type="checkbox"/> Flu Shot                        | <input type="checkbox"/> COVID-19 Vaccination      |
| <input type="checkbox"/> Volunteer Orientation Completed |  |