



A VOICE FOR QUALITY
IN LONG TERM CARE

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info@concernedfriends.ca

Application for Volunteer Position

First Name: _____ Last Name: _____

Home Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation: _____ Languages Spoken: _____

Member of Concerned Friends: Yes **Applied** (\$25.00 Annual Membership Fee)

What interests you about becoming a volunteer of Concerned Friends?

Have you had any previous volunteer experience? Yes: No: If yes, please name the organization(s).

Please briefly describe your work experience and/or educational background as it relates to Concerned Friends.

Have you had experience in Ontario's long-term care system? Yes: No: If yes, please describe briefly.

What personal strengths do you have which would contribute to your success as a Concerned Friends volunteer?

What type of volunteer role(s) are you interested in pursuing?

Advocate Reviewer Board Member Communications Membership Not certain yet

When would you be available to do volunteer activities? days evenings weekends

When is the best time for you to attend a training session? days evenings weekends

What amount of time could you give as a Concerned Friends volunteer?

Signature: _____

Date: _____

*Thank you, for your interest in Concerned Friends and for completing this application.
You will be contacted by our Volunteer Coordinator in the near future.*