

**THE CORPORATION OF THE
CITY OF WINDSOR**

**Alina Sirbu
ADMINISTRATOR
HURON LODGE LONG TERM CARE HOME**



**1881 Cabana Road West
WINDSOR, ONTARIO
N9G 1C7
TELEPHONE 519-253-6060
FAX 519- 977-8027**

Volunteer Application Form

Name:	Postal Code:
Address:	Phone-Home:
City:	E-mail:
Education (Last Year Completed):	
Work Experience:	
Any Previous Volunteer Experience (Agency And Duties):	
Interests, Talents, Hobbies:	
What Type Of Volunteer Position Are You Interested In?	
Are you related to a Resident or Staff member presently at Huron Lodge? No ___ Yes ___ To Whom? _____	
Times Available:	
For How Long Are You Willing To Make A Commitment? _____	
References :(Please Provide 2) Huron Lodge employees or Family members are not acceptable reference contacts.	
Name:	Name:
Address:	Address:
Phone: Home: Bus:	Phone: Home: Bus:

I Hereby Authorize The Corporation To Obtain Letters Of Reference, And Agree That NO Liability Or Damage Shall Accrue To Either The Corporation Of The City Of Windsor Or The Persons / Agencies Providing References As A Consequence Of This Exchange Of Information.

Date _____ APPLICANT'S SIGNATURE _____

"The personal information on this form is being collected under the authority of the Municipal Act, s. This information will only be used for the purpose of processing your application for volunteering at this institution. Questions about this collection may be directed to the Director Of Resident Services, 1881 Cabana Road West, 519-253-6060 x8244"

Volunteer services commenced-date _____