Senior Registration

Name:		Age:
Address:		
City:	Province:	Postal Code:
Phone:		
Email:		
Facility (if applicable)		Phone:
Contact person at facility:		
Emergency Contact Name:		Phone:

Please list specific interests / skills/ hobbies:

Do you have access to an ipad, computer, and/or internet? (circle one) Yes No

What languages do you speak?

When are you available? Please be specific.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

_____ _____

Signature Date

Please forward completed form to: handinhandnanaimo@gmail.com, by FAX: 250-758-7106 or by mail or in person: Volunteer Nanaimo, E-3148 Barons Rd., Nanaimo, BC V9T 4B5
ATTN: Michelle Kocourek or Gwen Vonarx

For office use only

Matched: _____