



TABOR VILLAGE

Providing Care from the Heart

Volunteer Application Form

Name _____ Date _____

Address _____ Postal Code _____

Phone _____ Email _____

Contact in emergency: Name _____ Phone _____

Previous volunteer experience: _____

Languages spoken: _____

Previous work experience: _____

How did you find out about Tabor Village? _____

Areas of interest and experience: _____

Have you had a criminal record check? Yes or No

Availability *(please commit a minimum 2 hours per week for 6 months)*:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Preference of location:

- Tabor Court – Assisted Living
- Tabor Home – Residential Care
- Valhaven Home – Residential Care
- No Preference

Personal References (I give permission for Tabor Village to check these references)

Name _____ Phone _____ Position _____

Name _____ Phone _____ Position _____

Signature _____ Date _____

When complete please submit in person or by e-mail to the Coordinator of Volunteer Services at
volunteerservices@taborvillage.org