

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Date of Birth (optional): Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_

Emergency Contact (phone): \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

**Skills & Interests:**

Educational Background: Primary School  High School  College  University  Other

Field of Study: \_\_\_\_\_ Favourite Subject: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

\_\_\_\_\_

Special Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering with our Organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preferences in Volunteering** (please indicate what types of volunteer work you are interested in. Check all that may apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Welcoming new residents             | <input type="checkbox"/> Visiting with residents          |
| <input type="checkbox"/> Assisting with Programs             | <input type="checkbox"/> Helping out around the office    |
| <input type="checkbox"/> Assisting with Fundraising          | <input type="checkbox"/> Organizing special events        |
| <input type="checkbox"/> Church Services/Spiritual Programs  | <input type="checkbox"/> Palliative Care                  |
| <input type="checkbox"/> Assisting in the dining room        | <input type="checkbox"/> Running the Tuck Shop            |
| <input type="checkbox"/> Gardening                           | <input type="checkbox"/> Decorating for holidays & events |
| <input type="checkbox"/> Assisting in developing calendars   | <input type="checkbox"/> Development of Newsletters       |
| <input type="checkbox"/> Assisting on outings with residents | <input type="checkbox"/> Pet Visits/Pet Care              |
| <input type="checkbox"/> Assisting with Bazaars              | <input type="checkbox"/> No preference                    |
| <input type="checkbox"/> Other (please explain): _____       |   |

**Availability:**

Frequency with which you are available to volunteer (please check your preference):

- A few hours/week    Daily    2x/week    Weekly    Bi-weekly    Monthly

**Days & Times Available:**

- |                                    |                                  |                                    |                                   |
|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |

**Background Verification:**

Engagement in and/or exposure to various therapy programs focused on providing residents with the highest quality of life in our care communities may include but is not limited to pet therapy, spiritual events, and musical therapy. Do you have any issues with this?

No  Yes, please explain: \_\_\_\_\_

Are you bondable?  Yes  No

This position requires you to do a Vulnerable Sector Screening. Are there any reasons as to why you would object to this obligation?

No  Yes: \_\_\_\_\_

In accordance with the Accessibility for Ontarians with Disabilities Act 2005, upon request, support will be provided for accommodations throughout the recruitment process. Do you require an accommodation during the recruitment process? (ON)

No  Yes: \_\_\_\_\_

**Reference Contact Information:**

Please list two non-family member references that we might contact:

A) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

B) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ give permission for the above references to be contacted.  YES  NO

Date: \_\_\_\_\_ Volunteer Applicant's Signature: \_\_\_\_\_

How did you hear about us?

Saw position description

Volunteer Centre

Referred by a friend or another volunteer

Through my school or agency

From a resident of the care community

From a team member at the cc

Community posting

Brochure

Website

Other: \_\_\_\_\_

**Parental/Guardian Consent:**

Parent or Guardian (signature required if student is under 16 years of age):

Parent or Guardian: \_\_\_\_\_

Name in Full

Parent or Guardian Telephone:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address of Parent or Guardian:

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date