

VOLUNTEER APPLICATION FORM

Name: _____
Home Phone Number: _____
Address: _____

City Postal Code

OFFICE USE ONLY	
_____	Application completed
_____	Interview completed
_____	Reference completed
_____	Back Check completed
_____	Placement set
_____	Orientation Attended
_____	Orientation Checklist complete
_____	TB Test
_____	Van Safety
_____	ID Badge
_____	Evaluations sent
_____	Evaluation (self) received
_____	Evaluation (staff) received
_____	Evaluation interview
_____	Exit questionnaire sent
_____	ID Badge returned

CRIMINAL BACKGROUND CHECK:

_____ cannot enter onto the home's premises or property until _____ has undergone both a criminal background check, and vulnerable person screening, through an agency which conducts such review, and the resultant information is acceptable to the home.

To conduct the check and screening, _____ must complete the attached forms, and must also provide a clear photocopy of government issued photo identification, such as a driver's licence or passport.

All of the information submitted or received will be held in strict confidence, used solely for the purposes for which it is requested, and, when it is appropriate to do so, will be destroyed using a confidential document destruction process.

The home reserves the right to assess any information supplied or received by whatever standard or criteria the home chooses, and to reject or repudiate this application based on the home's unrestricted discretion.

The home will assume the cost of the Criminal Check.

PERSON TO NOTIFY IN EMERGENCY:

Name: _____ Phone Number: _____

BACKGROUND:

Current Occupation: _____ Education Background: _____
Student Yes No High School College University

Training, Hobbies, Skills and Interests: _____

What skills/abilities would you bring to this volunteer position? _____

Why are you interested in volunteering with seniors? _____

Previous volunteer experiences: _____

How did you learn about our volunteer program? _____

I PREFER TO VOLUNTEER IN: (your preference)

- Special Events (bazaars, picnics games, crafts, diner's club, etc.)
- Floor Volunteer (reading, visiting, letter writing, manicures, walking with residents, etc.)
- Pastoral Care (chapel services, bible study, memorial services)
- Clerical (newsletter, record keeping, way finding)
- Recreation Programs

AVAILABILITY:

- Times Available: Morning Afternoon Evening
- Days Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.
- Do you prefer: A weekly schedule **OR** to be called as needed
- I will commit to: 6 months 1 year _____ Other
- I usually take vacations in: Summer Winter

REFERENCES: This must be completed as part of the application. Suggested references include past/present employers, teachers, co-workers and clergy. One reference can be a family member or personal friend.

	Name	Address (street, city, postal code)	Phone No.	Relationship
1				
2				

In signing this application form, I agree:

1. To provide information that is accurate and complete.
2. To abide by the volunteer code of confidentiality, as outlined on the attached form.
3. To grant permission for the home to contact my references as provided.

Signature: _____ Date: _____

OFFICE USE ONLY			
Placement	Start Date	Evaluation Date	Exit Date