

Volunteer Application

Home: _____

Date: _____

PERSONAL INFORMATION

Mr. Mrs. Ms.

First Name

Initial

Last Name

Address:

and Street

City

Province

Postal Code

Contact Phone #:

Main

Cell

Email Address:

Birth Date (optional) _____ 15 or older? Under 15? Consent Provided?
If applicable

If you are a student:

Name of School:

Current Grade:

Is this placement contributing to your community service hours?

Yes

No

Have you volunteered before? Yes No

If yes, please provide the following information about your last 2 volunteer jobs:

Name:

Number of Years Service:

Reason For Leaving:

Name:

Number of Years Service:

Reason For Leaving:

Are you currently employed? Yes No

Position/Title:

Employer:

Languages you speak:

Read:

Write:

In Case of Emergency Notify:

Name:

Home Tel:

Work Tel:

Cell:

Email:

Mailing Address if different from applicant:

Volunteer Application

Relationship To Applicant: _____

Areas of Interest:

- 1:1 with resident
 Community Outings
 Group Activities
 Events/Entertainment

Other: _____

Availability:

- Days Evenings Weekends Regularly Scheduled for _____
 Weekly Twice Monthly Monthly Occasionally

Specific Areas of Interest (please check all that apply):

Recreation		
<input type="checkbox"/> Group outings	<input type="checkbox"/> Walks with Residents	<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Dancing	<input type="checkbox"/> Gardening/houseplants	<input type="checkbox"/> Pool
<input type="checkbox"/> Shopping	<input type="checkbox"/> Nature studies	<input type="checkbox"/> Bowling
<input type="checkbox"/> Playing music	<input type="checkbox"/> Photography	<input type="checkbox"/> Play boardgames
<input type="checkbox"/> Drama/plays	<input type="checkbox"/> Movies/Slides	<input type="checkbox"/> Play cards
<input type="checkbox"/> Singing/choirs	<input type="checkbox"/> Discussion groups	<input type="checkbox"/> Horseshoes/shuffle board
<input type="checkbox"/> Reading to residents	<input type="checkbox"/> Current events	<input type="checkbox"/> Organize special events
<input type="checkbox"/> Library	<input type="checkbox"/> Other:	
Arts and Crafts/Hobbies		
<input type="checkbox"/> Braiding or hooking rugs	<input type="checkbox"/> Embroidery	<input type="checkbox"/> Needlework
<input type="checkbox"/> Crochet	<input type="checkbox"/> Quilting	<input type="checkbox"/> Sewing
<input type="checkbox"/> Weaving	<input type="checkbox"/> Knitting	<input type="checkbox"/> Model clay
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Decoupage	<input type="checkbox"/> Leather working
<input type="checkbox"/> Tying flies	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Painting
<input type="checkbox"/> Drawing	<input type="checkbox"/> Paper crafts	<input type="checkbox"/> Baking
<input type="checkbox"/> Other:		
Personal Resident Services (1:1)		
<input type="checkbox"/> Writing letters	<input type="checkbox"/> Assisting with computer use	<input type="checkbox"/> Friendly visits
<input type="checkbox"/> Reading to resident	<input type="checkbox"/> Walking with resident	<input type="checkbox"/> Other:
Office Services		
<input type="checkbox"/> Photocopying	<input type="checkbox"/> Compiling booklets	<input type="checkbox"/> Mailings
<input type="checkbox"/> Filing	<input type="checkbox"/> Other:	

VOLUNTEER POSITIONS THAT REQUIRE ADDITIONAL TRAINING:

Dietary

- Mealtime assistance Other:

Religious/Spiritual

- Singing hymns Bible studies/readings Religious celebrations
 Assisting with services Other:

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End of Life	
<input type="checkbox"/> Palliative care:	<input type="checkbox"/> Other:

REFERENCES (2):

Name:	Relationship:
Contact Information:	

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Contact Information:	

I certify that the information in this application is correct and complete.

I give my permission for the Volunteer Department of Extendicare to conduct a criminal record check, vulnerable sector search, and to conduct reference checks.

I understand that there will be a three month probationary period and no reference will be given before that time. I understand that attendance at a general orientation is mandatory. I understand that if I am under the age of fifteen I must have my parent/guardian give and sign for permission to volunteer at Extendicare.

While we try to place qualified volunteers, we reserve the right to select applicants according to our needs and criteria. Designed to assess meaning and purpose, inner strength, and interconnectivity with self and others.

Signature

Date