RECREATION/THERAPIES/VOLUNTEERS POLICY NUMBER 16-a-118 APPENDIX A

ADULT AND STUDENT VOLUNTEER APPLICATION (Please print clearly)
Volunteer Type: ☐ Adult ☐ Student ☐ Post-secondary Student ☐ 40 hours/community service or ☐ Cooperative ☐ Please specify:
Name:
Address: Apt.:
City: Province Postal Code:
Home Phone #: Cell Phone #:
E-mail:
Age Group (optional): □ Under 22 □ 22 - 35 □ 35 - 50 □ 50 - 65 □ 65 +
Language(s) Spoken: ☐ English ☐ French ☐ Other:
Occupation:
Please list all work experience you have had with the senior or vulnerable population (personal, education, employment, etc.)
Have you volunteered before? ☐ Yes ☐ No
If yes, please list all previous volunteer experience:
Please list any skills, hobbies or interests that you have:
How did you find out about St. Joseph's Continuing Care Centre's need for volunteers?
Why do you want to volunteer at St. Joseph's Continuing Care Centre?

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What days do you prefer to volunteer? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun
What time of day do you prefer to volunteer? □ Morning □ Afternoon □ Evening
Which programs do you prefer to volunteer with? Gift Shop Recreation Department Feeding Friendly Visits Bingo Pastoral Care Gardening Entertainment Physical Therapy Department HELPP Tickets Special Events Dietary/Kitchen Support Hair Salon Support Where need is greatest
☐ I am also interested in becoming and Auxiliary Member.
Do you have any accommodation requirements that you would like us to be aware of? ☐ Yes ☐ No
If yes, please describe:
References are required:
1. WORK REFERENCE Phone:
Address:
Relationship:
2. PERSONAL REFERENCE Name: Phone:
Address:
Relationship:
* * *
I understand that all volunteers are required to submit a current <i>Police Check</i> and current Mantoux Test Results for Tuberculosis prior to their start date. If you have had a Mantoux Test done in the last twelve (12) months, you may submit a photocopy of the results. (N.B. A Mantoux Test is not required for 40-hour community students.)
Signature: Date:
Personal information contained on this form is collected under s.2 of the <i>Homes for the Aged and Rest Homes Act</i> , R.S.O. 1990, c. H. 13, as amended, and S. 19.6 (as amended by S.O. 1993, c.2), as well as under s.136(1) of the <i>Regional Municipalities Act</i> , R.S.O. 1990, c.R.8. The personal information will be used for the administration and management of St. Joseph's Continuing Care Centre Volunteer Programme. Questions about the collection and use of this information may be directed to the Community Engagement Officer at 613-933-6040, ext. 21167.
Date Received:

cc SJCCC Website √

REVISED: SEPTEMBER 2014