

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?

What days do you prefer to volunteer? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
What time of day do you prefer to volunteer? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Which programmes do you prefer to volunteer with? <input type="checkbox"/> Gift Shop <input type="checkbox"/> Recreation Department <input type="checkbox"/> Feeding <input type="checkbox"/> Friendly Visits <input type="checkbox"/> Bingo <input type="checkbox"/> Teen Cooperative Volunteer <input type="checkbox"/> Portering Residents <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Gardening <input type="checkbox"/> Entertainment <input type="checkbox"/> Physical Therapy Department <input type="checkbox"/> HELPP Tickets <input type="checkbox"/> Special Events <input type="checkbox"/> Dietary/Kitchen Support <input type="checkbox"/> Hair Salon Support <input type="checkbox"/> Where need is greatest <input type="checkbox"/> Palliative Care / End-of-Life Care		
..... <input type="checkbox"/> I am also interested in becoming an Auxiliary Member.		
Do you have any accommodation requirements that you would like us to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
References are required:		
1.	WORK REFERENCE Name: _____ 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 *Homes for the Aged and Rest Homes Act*, 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 *Regional Municipalities Act*, 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

AUGUST 2017