



VOLUNTEER APPLICATION FORM

Name: _____

For Office Use Only:

Address: _____

Pending

City: _____ Prov. _____

Oriented

Postal Code: _____

Placed

Phone: _____ (bus.) _____

Emergency Contact: _____
Name

_____ Phone #

Are you a minor? (under 18 years of age)

_____ yes – how old are you? _____

_____ no

****It is a facility policy that all volunteers over 18 years of age submit a criminal record check. Upon proper verification volunteer placement will be considered.**

Reasons for Volunteering: (Please check)

- | | |
|---|---|
| <input type="checkbox"/> Skill / Career Development | <input type="checkbox"/> Recent Retirement |
| <input type="checkbox"/> Meet People | <input type="checkbox"/> Seeking Employment |
| <input type="checkbox"/> Help Others | <input type="checkbox"/> Keep Busy |
| <input type="checkbox"/> Course Credits | <input type="checkbox"/> Other: _____ |

Skills You Have to Offer: (Please Check)

- | | |
|--|--|
| <input type="checkbox"/> Work well with people | <input type="checkbox"/> Flexible Hours |
| <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Musical Talent |
| <input type="checkbox"/> Creative Ideas | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Entertainment Contact |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Languages Spoken/Read |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other: _____ |

Previous Volunteer Experience:

Employment Experience:

Educational/Training Experience:

Availability: (Please check off the days you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning							
Afternoon							
Evening					N/A	N/A	

Length of Commitment:

- 3 months School Term 6 Months 1 Year

Frequency with which you wish to Volunteer:

- 2x/week 1x/week Every Two Weeks Other (specify) _____

Volunteer Positions Available in the Following Areas: (Please check areas of interest)

- | | |
|--|---|
| <input type="checkbox"/> Recreation Assistant | <input type="checkbox"/> Pastoral Visitation/Spiritual Programs |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Happy Hour Assistant |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Manicures |
| <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Board Games/Cards |
| <input type="checkbox"/> Pianist (Entertainment) | <input type="checkbox"/> Baking/Cooking |
| <input type="checkbox"/> Store Stroll Manager | <input type="checkbox"/> Rehabilitation Assistant |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Resident Walking Program |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Resident Meal Assist (requires training) |
| <input type="checkbox"/> Musical Programs | |
| <input type="checkbox"/> Physical Activities/Exercises | |
| <input type="checkbox"/> Administrative Duties | |

How Did You Hear About Our Program?

- Friend/Family Television Newspaper
 Bulletin Boards Internet Other: _____

References

(Please provide two references other than family members. (Previous/Present Employer, Teacher, Neighbour, Minister etc.)

Name: _____ Address: _____

Telephone #: _____ Relationship: _____

Name: _____ Address: _____

Telephone #: _____ Relationship: _____

Volunteer Service Agreement

As a River East Personal Care Home Volunteer I agree to the following:

1. To give River East PCH permission to contact the above names references to ascertain my suitability as a volunteer.
2. To participate in training and orientation sessions when provided to help me in my volunteer work.
3. To uphold the mission and values of River East while on duty as a volunteer.
4. To maintain strict confidentiality of information pertaining to the residents, families, volunteers and staff of River East Personal Care Home.
5. To provide my time and service without remuneration.

Signature: _____

Date: _____