

Volunteer Application Form

PERSONAL INFORMATION

Name _____ Email _____

Address _____

Street number/PO box

City/Town

Province

Postal Code

Phone (home) _____ (work) _____ (cell) _____

Please indicate the community site you are interested in volunteering at:

Community _____ Site/Program _____

Applicants under the age of 18 years must have their parent or legal guardian complete the following:

_____ has my permission to serve as a volunteer at _____
Full name of volunteer Site/Program

Parent/Legal Guardian printed name

Parent/Legal Guardian Signature

EDUCATION/ WORK EXPERIENCE

Highest level of Education:

High School University/College Trade/Business Other _____

Employment History:

Employed Unemployed Retired Home Student

AREA OF INTEREST

Please indicate the activity(s) you are interested in:

- | | |
|---|---|
| <input type="checkbox"/> Health Care Advisors* | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Local Health Involvement Groups* | <input type="checkbox"/> Barbeques |
| <input type="checkbox"/> Special Events and Teas | <input type="checkbox"/> Excursions/Outings |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Games and Card Playing | <input type="checkbox"/> Escorts for Special Community Events |
| <input type="checkbox"/> Making posters and decorations | <input type="checkbox"/> Pet Visitations |
| <input type="checkbox"/> Music and Entertainment | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Reading and letter writing | <input type="checkbox"/> Church/mass/bible study |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Birthday Party Celebrations |

Other: _____

*Further details about the above activities can be discussed with the Patient and Public Involvement Coordinator

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SKILLS AND ABILITIES

What skills and experience do you have to offer? (i.e. valid driver's license, languages, experience with elders, clerical, talent, or musical abilities)

What is/are your reason for volunteering? (i.e. academic credit, employment experience, explore careers, help others, stay active, and involved)

What do you expect your commitment to volunteering will be?

Short-term (less than three (3) months) Intermediate (three to six (3-6) months) Long Term (six (6) months or more)

Please check the time periods you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (before 12 pm)							
Afternoon (12 pm-5pm)							
Evening (After 5pm)							

HEALTH INFORMATION

Are there any limitations which may affect your ability to perform as a volunteer that needs to be considered when determining a volunteer job placement?

Person to Notify in an Emergency_____

Relationship_____

Contact Phone Numbers_____

REFERENCES

To ensure the safety of our patients/residents/clients/elders, please provide three (3) references (excluding relatives)

Name and Occupation	Address	Telephone #	Relationship

PLEASE READ CAREFULLY BEFORE SIGNING:

I expressly consent to the Northern Health Region verifying any information supplied by me in this application and for the purpose of obtaining any other information pertaining to my suitability for a volunteer position. The Northern Health Region may contact any person or persons, unless otherwise noted in this application.

All volunteers are in a position of public trust, therefore must satisfy a Pre-Employment Security Check Policy which includes the following: **Criminal Record Check, Vulnerable Sector Check, Child Abuse Registry Check, Adult Abuse Registry Check.**

If I am accepted as a volunteer, I agree to perform all work and services assigned to me by the Northern Health Region diligently, honestly and faithfully. I agree to obey all policies and procedures of the organization that relate to my volunteer position.

Signature of Applicant

Date