

Volunteer Application Form

1. Personal Data

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	Last Name	First Name
Address		City
Province	Postal Code	E-mail
Home Phone	Business Phone	Cell Phone
Emergency Contact Name	Relationship	Phone Number
How did you hear about us? Friend/Relative <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Facility Employee <input type="checkbox"/> Newspaper/Ads <input type="checkbox"/> _____ Others <input type="checkbox"/> _____		

2. Work and Volunteer History

Work Experience
Volunteer Experience
Current Profession

3. Time Availability and Commitment

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

I agree to commit to volunteering for more than three months.

Signature: _____ Date: _____

If you do not agree, please specify the time length that you wish to do volunteering.
_____ Months/Years

4. Skills and Interest

Languages	Spoken	Read	Write	Other Special Skills (please specify)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Art & Craft <input type="checkbox"/> Baking/Cooking <input type="checkbox"/> Dancing <input type="checkbox"/> Music <input type="checkbox"/> Bingo <input type="checkbox"/> Pet Therapy <input type="checkbox"/> Computers <input type="checkbox"/> Knitting/Sewing <input type="checkbox"/> Spiritual <input type="checkbox"/> Secretarial <input type="checkbox"/> Visitations <input type="checkbox"/> Physical Activity <input type="checkbox"/> Pastoral <input type="checkbox"/> Horticultures <input type="checkbox"/> Special Event <input type="checkbox"/> Discussion <input type="checkbox"/> Reading <input type="checkbox"/> Social Activity <input type="checkbox"/>				

I hereby agree that all the information provided is true and accurate.

Signature: _____ Date: _____

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Pledge of Confidentiality

I received information on _____ Long Term Care Home's policy on confidentiality of information relating to safeguarding health information as well as the confidentiality of general long term care records and information.

Initial _____

I hereby consent to comply with the Facility's policy of Confidentiality of information and understand that such compliance is an ongoing condition of volunteering and any non-compliance with the policy may adversely affect my volunteer position.

Initial _____

I received the volunteer handbook and code of conduct. I understand it is my responsibility to read this document and raise any questions I may have with volunteering at _____.

Initial _____

Signature: _____ Date: _____

For Office Use Only

Orientation Date:

TB Test Date 1st Step:

2nd Step:

Start Date:

Placement Department:

Job Placement:

Comments/Notes