

Volunteer Application Form

WELCOME TO OUR TEAM



Volunteer Application



Contact Information

Name	
Address	
City	
Province	
Postal Code	
Home Phone	
Mobile	
E-mail Address	

Communication

Which languages are you fluent in speaking?

English French Other: _____

Which languages are you fluent in writing?

English French Other: _____

Which language would you prefer to be contacted in?

English French

Availability

Which hours are you available for volunteering?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

How often would you like to volunteer

Weekly Monthly Other (Please specify): _____

Contact Information

1. Why do you want to become a volunteer? _____

2. What areas are you interested in volunteering?

Residents (2nd & 3rd floor)

Palliative Care

Administration

Other : _____

3. Which types of volunteering activities would you prefer to participate in?

Shopping and running errands

Reading

Escorting for activities

Walking

Helping to write letters

Playing games

Talking or quiet support

Decorating

Other : _____

4. Have you ever kept a secret?

Yes

No

5. What does keeping a secret or confidentiality mean to you? _____

6. Are you willing to work in all environments?

(i.e. foul smells or with blood)

Yes

No

7. What do you expect to gain from this volunteering experience? _____

8. Do you communicate easily with others?

Yes

No

Comments: _____

9. You listen to others:

with difficulty

moderately

easily

10. How do you put up with silences in a conversation?

- with difficulty moderately easily

11. On a day to day basis you:

- barely talk talk moderately talk a lot

12. In a stressful situation you:

- barely talk talk moderately talk a lot

13. In new situations you are:

- fearful unsure comfortable

Comments: _____

14. When a problem arises you:

- become overwhelmed try to help give up are a strong problem solver

Comments : _____

15. a) What are your strengths? _____

b) What are your weaknesses? _____

Work and Volunteer Experiences

Experience		
Organization	Position	Dates

References		
Name	Position	Contact Information

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Address	
City	
Province	
Postal Code	
Home Phone	
Work Phone	
Mobile	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

NOTICE OF CONSENT

We are collecting your personal information on this form to determine your suitability for the position you have applied for and, if we hire you, for the purpose of our employment relationship. We will use and disclose your personal information only for those purposes or as permitted or required by law.

By signing this form, you consent to our collecting, using and disclosing your personal information for these purposes. If you have any questions about this, you may contact the Human Resources Department.

Applicant's Signature

Date

**DISCLOSURE OF NAME, CREATIONS AND/OR
PICTURES OF VOLUNTEER**

CONSENT FORM

I authorize the above-mentioned organization to use my name, my pictures and/or my creations.

I accept

I do not accept

I accept that my name or my pictures are advertised in publications produced by the above-mentioned organization.

I accept

I do not accept

I am aware that no allowance will be made by the above-mentioned organization following advertisement of texts, pictures or other creations produced by me.

I accept

I do not accept

Volunteer's Name

Volunteer's Signature

Date

Please Return to Human Resources