



310 Oxford Street W.  
London ON N6H 4N6  
Tel: (519) 432-1855

# VOLUNTEER APPLICATION

OFFICE USE ONLY	
_____	Application
_____	Interview
_____	Reference Checks
_____	Police Check <u>or</u> Consent
_____	TB Test
_____	Orientation
_____	A.O.D.A Quiz
_____	Confidentiality Agreement
_____	Consent to Photograph
_____	Orientation Checklist
_____	ID Badge
_____	ID Badge Number
_____	Evaluation completed
_____	Exit questionnaire sent

### PERSONAL Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Day & month of birth: \_\_\_\_\_

### PERSON TO NOTIFY IN EMERGENCY:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### SKILLS AND INTERESTS:

1. Education Background
  
  
  
  
  
  
  
  
  
  
2. Current Occupation and/or Schooling
  
  
  
  
  
  
  
  
  
  
3. Hobbies, Interests, Skills
  
  
  
  
  
  
  
  
  
  
4. Previous Volunteer Experience
  
  
  
  
  
  
  
  
  
  
5. Do you speak other languages? Yes\_\_\_ No\_\_\_ Please specify\_\_\_\_\_

Please see back →

**DO YOU PREFER TO VOLUNTEER IN** (check all that apply):

- Group Activities and Special Events (bazaars, picnics, games, crafts, bus outings)
- Floor Volunteer (reading, visiting, letter writing, painting, manicures, walking with residents)
- Palliative Care - Bedside vigils for end of life
- Pastoral Care (chapel services, bible study, choir practice, memorial services)
- Clerical (newsletter, filing, typing, reception)
- Hair Dressing (helping residents to and from salon, helping as needed)
- Health Club or Physiotherapy Programs (assisting residents work through their assigned fitness plan)

**AVAILABILITY:**

1. At what times are you interested in volunteering?

Time:  Morning  Afternoon  Evening

Days Available:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

2. Frequency:  1x weekly  2-3 x weekly  1x monthly  Daily

3. How many hours would you like to come in for at one time? \_\_\_\_\_

**REFERENCES:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MOVING FORWARD:**

Are you willing to have Chelsey Park contact 1 or more of your references?

Yes  No

Are you willing to obtain a police record check (if over 18 years)?

Yes  No

Are you willing to have a 2-Step TB Test or Chest X-Ray?

Yes  No

1.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_