

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

I prefer to be contacted by: Home: \_\_\_\_\_ Business : \_\_\_\_\_ Cell: \_\_\_\_\_ Text: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
*Day/Month/Year*

Languages: Spoken \_\_\_\_\_ Written \_\_\_\_\_

Are you receiving credit for your volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_ Required number of hours \_\_\_\_\_

Are you a student? \_\_\_\_\_ If so, where and what year / grade? \_\_\_\_\_

Why do you want to volunteer at Providence Place? \_\_\_\_\_

### What type of volunteer assignment are you interested in?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Appointment</b><br>Accompany residents/clients to appointment (Doctor/Dentist/Eye etc.) or to the hospital for tests.                                       | <input type="checkbox"/> <b>Homesteader</b><br>Provide customer service and socialization to residents, clients and families.   | <input type="checkbox"/> <b>Pool</b><br>Provide assistance to residents and clients in the therapeutic pool.   |
| <input type="checkbox"/> <b>Canteen Cart</b><br>Transport canteen cart throughout Providence Place so that toiletries and treats are readily available to residents, clients and staff. | <input type="checkbox"/> <b>Maguire Centre (Adult Day Program)</b><br>Assist with leisure activities, daily routines and visit with clients in Maguire Centre             | <input type="checkbox"/> <b>Therapeutic Recreation</b><br>Assist the Recreation Department with activities such as shopping, entertainment, games, walks, in healing gardens, outings. |
| <input type="checkbox"/> <b>Clerical</b><br>Assist various departments with clerical duties and mail delivery.  | <input type="checkbox"/> <b>Spiritual Care</b><br>Volunteers provide spiritual care visitations to residents and clients and assistance to the Spiritual Care Department. | <input type="checkbox"/> <b>Rehabilitation</b><br>Provide assistance to the Rehab Department with pool programs, walking and gym exercise programs.                                    |
| <input type="checkbox"/> <b>Gift Shop</b><br>Provide assistance to customers in the gift shop. Balance end of day sales report.   |   |  |

### Your main reason for volunteering is:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Credit      | <input type="checkbox"/> Learning New Skills        | <input type="checkbox"/> Confirmation Requirement |
| <input type="checkbox"/> Help Others          | <input type="checkbox"/> Referred by Doctor         | <input type="checkbox"/> Employment Experience    |
| <input type="checkbox"/> Explore Careers      | <input type="checkbox"/> Social Interaction         | <input type="checkbox"/> Stay Active and Involved |
| <input type="checkbox"/> Increase Self-esteem | <input type="checkbox"/> Relative/Friend Volunteers |   |

### What skills and experiences you have to offer:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Organizational Skills   | <input type="checkbox"/> Cards Games        | <input type="checkbox"/> Musical Ability  | <input type="checkbox"/> Clerical         |
| <input type="checkbox"/> Retail Experience       | <input type="checkbox"/> Languages Spoke    | <input type="checkbox"/> Computer Skills  | <input type="checkbox"/> Gardening        |
| <input type="checkbox"/> Experience with Elderly | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Artistic Ability | <input type="checkbox"/> Listening Skills |
| <input type="checkbox"/> Love water - swimming   | <input type="checkbox"/> Spiritual Visiting | <input type="checkbox"/> Sports           |   |

Other: \_\_\_\_\_

**Please check (✓) the preferred times that you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often are you able to volunteer: Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other \_\_\_

**Employment and Volunteer History**

Company Name/Employer	Your Job Title	From	To	Full or Part-Time

**Health Information**

Please list any intellectual or physical disabilities or medical conditions which may affect your ability to perform as a volunteer and that you wish to have taken into account when determining a volunteer placement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ email: \_\_\_\_\_

**References**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Disclaimer:** Because we take our responsibility for residents and clients seriously, we screen all out applicants thoroughly. We will be contacting the above-named references to ascertain your suitability as a volunteer. To finalize the screening process, a Criminal Record Check is required. We will provide the appropriate Criminal Record request form to you.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_