ProvidencePlace

Volunteer Application Form

Date:		
Full Name:		**Preferred Name:**
Address:		**City/Town:**
Province:		**Postal Code:**
Home Phone:	**Cell:**	**Business:**
Email:		**Best time to contact:**
Prefer to be contacted by: ❑ call cell ❑ text cell ❑ home number ❑ business number ❑ email		
Birth Date: _____ *Day/Month/Year*		
Languages Spoken:		**Written:**

Are you a student? ❑ Yes ❑ No If yes, what school and grade/year or program? _____

Are you receiving school credits for your volunteer work? ❑ Yes ❑ No Required number of hours _____

Your main reasons for volunteering are:

- ❑ Helping Others
- ❑ Academic Credit
- ❑ Learn New Skills
- ❑ Social Interaction
- ❑ Employment Experience
- ❑ Confirmation Requirement
- ❑ Stay Active and Involved
- ❑ Exploring Careers
- ❑ Relative/Friend also is a volunteer

What type of volunteer assignment are you interested in? Choose 1 to start.

❑ Spiritual Care Provide Spiritual Care visitation to residents and clients, and/or assist to and from Mass (Wednesday) and church services (Thursday)10-noon.	**❑ Therapeutic Recreation** Assist the Recreation department with activities such as entertainment, games, visiting, walks, outings, and shopping.	**❑ Rehabilitation** Under the guidance of the therapy department, provide assistance to clients such as walking and gym exercise.
❑ Homesteader 2-4 Provide customer service and socialization to residents, clients and families in a pub style environment (serve alcoholic/non-alcoholic drinks & ice cream).	**❑ Canteen Cart** Transport canteen cart throughout the facility offering confectionary treats and toiletries to residents, clients, and staff.	**❑ Accompany To Appointments** Accompany residents/clients to appointments (doctor, dentist, etc. hospital for tests). Transportation is pre-arranged.
❑ Gift Shop Provide assistance to customers, point of sale transactions (credit, debit, cash) and record keeping.	**❑ Hairdresser Portering** Assist with pushing wheelchairs to and from hair appointments in the facility.	**❑ Pool Assistance** Provide assistance to residents and clients in the therapeutic pool under the guidance of our therapy department.

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Skills and experiences you have:

☐ Experience with Elderly
☐ Spiritual Visiting
☐ Non-profit/Fundraising
☐ Swimming
☐ Organizational Skills
☐ Musical Ability
☐ Artistic Ability
☐ Listening Skills
☐ Retail Experience
☐ Computer Skills
☐ Gardening

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 ____

Relevant Employment and/or Volunteer History

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

Disclaimer/Self Declaration: *Please list any disabilities or medical conditions which may affect volunteer placement.*

Emergency Contact:

Name:	Relationship:	
Home/Cell:	Business:	Email:

References

Name:	Name:
Contact Number:	Contact Number:
Email:	Email:
Relationship:	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:_____

Return to Front Desk Administration or email: contact.providenceplacemj@saskhealthauthority.ca