

# Volunteer Application Form

**Personal Information:**

|   |       |                       |
|---|-------|-----------------------|
| 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: <input type="checkbox"/> call cell <input type="checkbox"/> text cell <input type="checkbox"/> home number <input type="checkbox"/> business number <input type="checkbox"/> email |       |                       |
| Birth Date (Day/Month/Year):  |       |                       |
| Languages Spoken:   |       | Written:              |

**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.

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: \_\_\_\_\_

→ **Volunteer opportunities are also available during school breaks**

**Your main reasons for volunteering are:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Helping Others      | <input type="checkbox"/> Social Interaction       | <input type="checkbox"/> Stay Active and Involved            |
| <input type="checkbox"/> Academic Credit     | <input type="checkbox"/> Employment Experience    | <input type="checkbox"/> Exploring Careers                   |
| <input type="checkbox"/> Learning New Skills | <input type="checkbox"/> Confirmation Requirement | <input type="checkbox"/> Relative/Friend also is a volunteer |

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

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Spiritual Care</b><br>Provide Spiritual Care visitation to residents and clients, and/or assist to and from Mass and church services.<br><br><i>* Excellent communication required</i><br><i>* Experience required</i><br><i>* Mass: Wed 10am to 12pm</i><br><i>* Church Services Thu 10am-12pm</i> | <input type="checkbox"/> <b>Therapeutic Recreation</b><br>Assist the Recreation department with activities such as entertainment, games, visiting, walking, outings, and shopping.<br><br><i>* Staff/Group Support</i><br><i>* Ongoing training orientation</i><br><i>* Mon-Sun (flexible hours)</i>                          | <input type="checkbox"/> <b>Maguire Centre</b><br>Assist the Maguire Staff with activities such as entertainment, games, visiting, walking, outings, and shopping.<br><br><i>* Staff/Group Support</i><br><i>* Ongoing training orientation</i><br><i>* Mon-Fri 10am to 2pm</i>  |
| <input type="checkbox"/> <b>Rehabilitation</b><br>Under the guidance of the therapy department, provide portering to and from therapy sessions.<br><br><i>* Staff Support</i><br><i>* Work independent</i><br><i>* 1 day/shift of training</i><br><i>* Mon-Fri 9:30am to 11:30am</i>  | <input type="checkbox"/> <b>Canteen Cart</b><br>Transport canteen cart throughout the facility offering confectionary treats and toiletries to residents, clients, and staff.<br><br><i>*Excellent communication required</i><br><i>* Work independent</i><br><i>* 1 day of training</i><br><i>* Mon-Sun (flexible hours)</i> | <input type="checkbox"/> <b>Accompany To Appointments</b><br>Accompany residents/clients to appointments (doctor, dentist, etc. hospital for tests). Transportation is pre-arranged.<br><br><i>*Excellent communication required</i><br><i>* PP volunteer experience required</i><br><i>* Work independent</i><br><i>* Monday to Friday (flexible hours)</i> |
| <input type="checkbox"/> <b>Homesteader 2-4</b><br>Provide customer service and socialization to residents, clients and families in a pub style environment (serve alcoholic/non-alcoholic drinks & ice cream).<br><br><i>* Work independent or in pairs</i><br><i>* 3 days of training</i><br><i>* Mon-Sun 2pm to 4pm</i>      | <input type="checkbox"/> <b>Gift Shop</b><br>Provide assistance to customers, point of sale transactions (credit, debit, cash) and record keeping.<br><br><i>* Work independent</i><br><i>* 3 days of training</i><br><i>* Mon-Sun (flexible hours)</i>   | <input type="checkbox"/> <b>Hairdresser Portering</b><br>Assist with pushing wheelchairs to and from hair appointments in the facility.<br><br><i>* Staff support</i><br><i>* Work independent</i><br><i>* 1 day of training</i><br><i>* Tuesdays only 8:30am to 3:30pm</i>  |

**Skills and experiences you have:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Experience with Elderly        | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Listening Skills  |
| <input type="checkbox"/> Spiritual Visiting             | <input type="checkbox"/> Musical Ability       | <input type="checkbox"/> Retail Experience |
| <input type="checkbox"/> Non-profit/Fundraising         | <input type="checkbox"/> Artistic Ability      | <input type="checkbox"/> Computer Skills   |
| <input type="checkbox"/> Comfort with Physical Activity | <input type="checkbox"/> Serving Skills        | <input type="checkbox"/> Gardening         |

**Other:**

**Please check (X) 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.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Return to Front Desk Administration or email:** [contact.providenceplacemj@saskhealthauthority.ca](mailto:contact.providenceplacemj@saskhealthauthority.ca)