 Honoring Your Journey

**Volunteer Application**

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| CONTACT INFORMATION |

Name: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Best time to reach me: Click or tap here to enter text.

Email: Click or tap here to enter text.

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| EXPERIENCE/SKILLS - Please describe any experience (paid, personal or volunteer) you have had that may be relevant to your volunteer work here: |

Click or tap here to enter text.

What languages are you able to speak conversationally? Click or tap here to enter text.

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| AVAILABILITY – Volunteer shifts run Mon-Sun between the hours of 10am to 7:00pm |

Frequency I am hoping to Volunteer: Choose an item.

Time of Day I am hoping to volunteer: Choose an item.

Day(s) of the Week I am available to volunteer: Click or tap here to enter text.

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| AREAS OF INTEREST- Please fill in “OTHER” with your own ideas should you not see a job assignment that interests you. **Check all that apply.** |
| Gardening [ ]   | Table Games (eg. cards, dominoes) [ ]  | Arts [ ]  |
| Music [ ]  | Active Games (eg. darts, bowling) [ ]  | Crafts [ ]  |
| Group Outings [ ]  | Beauty care (eg. manicures, make up) [ ]  | Special Events (eg birthday party) [ ]  |
| Hair Salon [ ]  | I play an instrument and would like to play for residents [ ]  | One to One Visitor [ ]  |
| Other? Walking with resident, reading a book, exercise,  |

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| PLEASE FEEL FREE TO ADD ANY OTHER INFORMATION YOU FEEL WOULD SUPPORT YOUR APPLICATION: |

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| REFERENCES – please provide two references that will be able to attest to your personal character and work ethic |
| NAME: Click or tap here to enter text.  | NAME: Click or tap here to enter text. |
| PHONE: Click or tap here to enter text.  | PHONE: Click or tap here to enter text. |
| RELATION: Click or tap here to enter text.  | RELATION: Click or tap here to enter text. |

I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may be cause for termination of my volunteer position**. In signing this application, I am also granting permission to contact the above named references**. Applicants under 15 years require the parent/guardian signature as well as the parent/guardian consent form to be completed.

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| Applicant Name: Click or tap here to enter text. | Guardian Name: Click or tap here to enter text. |
| Signature: Click or tap here to enter text. | Signature: Click or tap here to enter text. |
| Date: Click or tap to enter a date.  | Date: Click or tap to enter a date.  |

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| **OFFICE USE ONLY** | DATE: | NOTES: |
| CONTACTED |  |  |
| INTERVIEW SCHEDULED |  |  |
| RECEIVED CRC |  |  |
| RECEIVED TB FORM |  |  |
| RECEIVED MEDICAL FORM |  |  |
| RECEIVED IMMUNIZATION FORM |  |  |
| RECEIVED PROOF OF COVID-19 VACCINATION |  |  |
| RECEIVED PARENTAL CONSENT FORM |  |  |
| HANDBOOK PROVIDED |  |  |
| ORIENTATION |  |  |
| NAME TAG |  |  |
| PHOTO |  |  |

Completed form can be submitted by email: Nphyo@foyermaillard.com

Or dropped off at Reception.