



Volunteer Application Form

Thank you for your application.

If successful, candidates will be asked to complete the following:

Successful candidates over the age of 18 will be asked to complete a Criminal Record Check and a Vulnerable Sector Check.

Those under the age of 18 will be asked to complete a Parental Consent Form.

Please visit your nearest law enforcement office to request your check. Or, you can also visit MyBackCheck (www.mybackcheck.com) to request your check electronically.

All successful candidates must sign the Personal Health Information Act (PHIA) with Pledge of Confidentiality, General Media Release Form, Residents' Rights.

Volunteer Contact Information:

Name:
Address:
Phone:
Email:
Occupation:

Emergency Contact Information:

Name:
Phone:
Email:
Relationship:

Summary of recent work and volunteer experience:

Click or tap here to enter text.



Preferred facility(s):

<input type="checkbox"/>	Admiral
<input type="checkbox"/>	Canso Seaside Manor
<input type="checkbox"/>	Centennial Villa
<input type="checkbox"/>	Gables Lodge
<input type="checkbox"/>	Haven Manor
<input type="checkbox"/>	Heart of the Valley
<input type="checkbox"/>	Melville Gardens
<input type="checkbox"/>	Melville Heights
<input type="checkbox"/>	Melville Lodge
<input type="checkbox"/>	Milford Haven
<input type="checkbox"/>	The Mira
<input type="checkbox"/>	Oxford Manor
<input type="checkbox"/>	Whitehills
<input type="checkbox"/>	Yarmouth Heights

Volunteer role(s) of interest:

<input type="checkbox"/>	Program Volunteer
<input type="checkbox"/>	Individual Volunteer (One-on-one visitor)
<input type="checkbox"/>	Meal Support Volunteer (If applicable to facility)
<input type="checkbox"/>	Professional Volunteer (Pet Therapist, Art Therapist, Yoga Instructor, etc.)
<input type="checkbox"/>	Palliative Volunteer
<input type="checkbox"/>	Supervised Program Leader (Music Group/Entertainment, Church Leader)

Do you have any special talents you would like to share? (e.g. playing instruments, singing, crafts, storytelling, jokes, painting etc.)

Click or tap here to enter text.



Do you have any allergies/sensitivities that would prevent you from volunteering at our facility(s) (e.g. pets, cigarette smoke)?

Are there any other considerations for us to keep in mind?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes (please specify):

Availability:

Please indicate the days and times you are available to volunteer:

<input type="checkbox"/>	Sunday	Click or tap here to enter text.
<input type="checkbox"/>	Monday	Click or tap here to enter text.
<input type="checkbox"/>	Tuesday	Click or tap here to enter text.
<input type="checkbox"/>	Wednesday	Click or tap here to enter text.
<input type="checkbox"/>	Thursday	Click or tap here to enter text.
<input type="checkbox"/>	Friday	Click or tap here to enter text.
<input type="checkbox"/>	Saturday	Click or tap here to enter text.

References:

Please give us the names and telephone numbers of two people (not relatives) that can provide a reference for you.

Name:	Phone:
Relationship:	Email:
Name:	Phone:
Relationship:	Email: