

Idlewyld Manor
449 Sanatorium Road
Hamilton, Ontario L9C 2A7
905-574-2000 ext. 224

| |
|-------------------|
| Office use only |
| Interview _____ |
| Orientation _____ |

Volunteer Application Form

(Please Print)

| | | | |
|---|--|--|-----------------------------|
| Name: (Mr/Ms/Mrs) _____ | | Date of Birth (optional): _____ | |
| Address: _____ | | Apt. No.: _____ | City/Province: _____ |
| Postal Code: _____ | | Phone No: _____ | E-Mail: _____ |
| Emergency Contact: _____ | | Relationship: _____ | |
| Phone No: _____ | | Health Card No: _____ | |
| How did you hear about us?: <input type="checkbox"/> Volunteer Hamilton <input type="checkbox"/> Church Bulletin <input type="checkbox"/> From a friend <input type="checkbox"/> Our Website <input type="checkbox"/> Other (please specify) _____ | | | |
| Reason for Volunteering: _____ | | | |
| Previous volunteer experience: _____ | | | |
| Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Second Language: _____ | | | |
| Skills/Talents/Special Training/Hobbies: _____ | | | |
| Education: High School: School Name: _____ | | | |
| University or college: Name _____ | | | |
| Employment: Currently Employed at: _____ | | | |
| Seeking Employment as: _____ | | | |
| Retired from a career as: _____ | | | |
| Volunteer Areas Available: Please check appropriate box(es) | | | |
| <input type="checkbox"/> 1:1 Friendly Visitor <input type="checkbox"/> Palliative Care <input type="checkbox"/> Meal Enhancement <input type="checkbox"/> Tuck Shop/Cart | | | |
| <input type="checkbox"/> Recreation Programs <input type="checkbox"/> Special Events <input type="checkbox"/> Porterage <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance | | | |
| <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Administrative Assistant <input type="checkbox"/> Other: _____ | | | |
| Times Available: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings | | | |
| Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | | | |
| Commitment: <input type="checkbox"/> 6 months <input type="checkbox"/> 1 Year <input type="checkbox"/> Other: _____ | | | |
| OVER>>>> | | | |
| PLEASE LIST REFERENCES | | | |

1. Reference (Professional/not a family member or neighbour):

Full Name: _____ Phone No: _____

Relationship: _____

2. Reference (Professional/not a family member or neighbour):

Full Name: _____ Phone No: _____

Relationship: _____

I authorize the Coordinator of Volunteer Services to contact my references above and conduct a Police Check.

Signature: _____ Date: _____

Parental consent for Volunteers under age 18

This is to verify that _____ (name of volunteer) is offering services to Idlewyld Manor on a voluntary basis with my full consent and knowledge.

_____ has no serious physical or emotional disability which would interfere with these activities.

In case of emergency and you are unable to contact me, Idlewyld has my permission to initiate appropriate emergency medical procedures.

Signature of Parent/Guardian

Date

Name of Parent/Guardian (please print)

Address: _____

Office Use Only Position: _____ Scheduled Time _____

___ Application Complete ___ Interview complete ___ Reference Complete ___ Placement Set

___ Infection Control ___ Orientation Complete ___ TB Test ___ Police Check ___ ID Badge

___ Schedule updated ___ Database updated ___ Reviewed Feeding Video

___ Exit Interview ___ ID Badge Returned ___ Database updated ___ Schedule updated

Please forward this form to the Manager of Recreation and Volunteer Services at Idlewyld Manor. Once your form is received, it will be processed and you will be contacted for an interview. We will then check your references and continue the process of placing you in our Volunteer Program.

Application received on: _____