



VOLUNTEER APPLICATION

PLEASE CHECK ONE:

- Brandon Regional Health Centre Fairview Home Rideau Park PCH

All Information Is Confidential

Name: (<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.)	Phone #: Work: Home:	Work Hours:	Use of Car: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: (Street, P.O. Box, etc.)	City/Town:	Postal Code:	Birth Date: ____/____/____ dd / mm / yyyy (optional)
Email:			
Employment History (current or previous):			
Highest Level of Education Completed:			
Special skills, training, interests, hobbies, languages, etc.:			
List previous volunteer experience(s) (include club and community affiliations):			
Type of volunteer position being applied for:			
Major reason(s) for volunteering with this facility:			
Time available to volunteer: <input type="checkbox"/> a.m. hours <input type="checkbox"/> evening hours <input type="checkbox"/> p.m. hours			
Day(s) of week available? _____			
Any health problems or medical conditions which may affect your volunteer work?			

Have you ever been charged with a criminal or other offence: Yes No
 If yes, give particulars of the charge, date and result in each case.

**A PRE-VOLUNTEER CRIMINAL RECORD CHECK AND CHILD ABUSE
 REGISTRY CHECK IS REQUIRED.**

Whom to call in an emergency:
 Name: _____
 Address: _____
 Telephone: (Home) _____ (Work) _____ (Other) _____

References (preferably one character and one work reference excluding family or relatives):

Name:	Address:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION:

I hereby authorize Volunteer Services to contact the above references.

Signature of Applicant _____
Date

Authorization of consent to volunteer and to contact references if applicant is under 18 years of age.

Signature of Parent/Guardian _____
Date

TO BE COMPLETED BY VOLUNTEER SERVICES:

Interview Date: _____
 Application Status: Approved Not Approved Referred (Specify) _____
 Start Date: _____ Orientation Date: _____
 Title and Description of Volunteer Placement: _____

 Comments: _____

Parking Pass Issued: Yes No Photo ID: Yes No

VOLUNTEER INTEREST/SKILL AREAS

Patient/Resident Contact	_____	Caring of Flowers/Plants	_____
Walking	_____	Spiritual Programs	_____
Reading to Others	_____	Office Work	_____
Exercises	_____	Photography	_____
Wheelchair Handling	_____	Working With Numbers	_____
Music	_____	Games/Cards	_____
Dancing	_____	Telephone Answering	_____
Talking/Visiting With People	_____	Working With The Elderly	_____
Organizing Materials	_____	Working Independently	_____
Working With Children	_____	Working With Cash	_____
Working as a Team Member	_____	Working in a Variety of Areas	_____
Working in One Area	_____	Fundraising	_____
Crafts/Knitting/Art	_____	Sing-songs	_____
Bingo	_____	Special Events	_____
Setting Up/Manning Displays	_____	Cooking-Baking	_____
Play a Musical Instrument	_____	Video Camera	_____
Writing Letters	_____	Public Relations Skills	_____
Accompany Patients/Residents Outside of Facility	_____		

Computer Skills (please list programs):

Languages (please list):

