

MAPLE VIEW LODGE
VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (other): _____

Email Address (optional): _____

Date of Birth (optional): Month: _____ Day: _____ Year: _____

Emergency Contact (name): _____

Emergency Contact (phone): _____

Relationship to volunteer: _____

Skills & Interests:

Educational Background: Primary School High School College University Other

(If Applicable) Field of Study: _____ (If Applicable) Favorite Subject: _____

Current Occupation: _____

Hobbies & Interests: _____

Special Skills: _____

Previous Volunteer Experience: _____

Why are you interested in volunteering with our Organization? _____

Preferences in Volunteering (please indicate what types of volunteer work you are interested in. Check all that may apply):

- | | |
|--|---|
| <input type="checkbox"/> 1:1's Welcoming new residents | <input type="checkbox"/> Visiting with residents |
| <input type="checkbox"/> Assisting with Programs | <input type="checkbox"/> Assisting with administrative duties |
| <input type="checkbox"/> Assisting with Fundraising | <input type="checkbox"/> Organizing special events |
| <input type="checkbox"/> Church Services/Spiritual Programs | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Assisting in the dining room | <input type="checkbox"/> Operating The Tuck Shop |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Decorating for holidays & events |
| <input type="checkbox"/> Assisting on outings with residents | <input type="checkbox"/> Pet Visits/Pet Care |
| <input type="checkbox"/> Virtual volunteer work | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other (please explain): _____ | |

Availability:

Frequency with which you are available to volunteer (please check your preference):

- A few hours/week Daily 2x/week Weekly Bi-weekly Monthly

Days & Times Available:

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |

Background Verification:

Engagement in and/or exposure to various therapy programs focused on providing residents with the highest quality of life in our Home may include but is not limited to pet therapy, spiritual events, and musical therapy. Do you have any issues with this?

No Yes, please explain: _____

Are you bondable? Yes No

This position requires you to do a Vulnerable Sector Screening. Are there any reasons as to why you would object to this obligation?

No Yes: _____

In accordance with the Accessibility for Ontarians with Disabilities Act 2005, upon request, support will be provided for accommodations throughout the recruitment process. Do you require an accommodation during the recruitment process? (ON)

No Yes: _____

Reference Contact Information:

Please list two non-family member references that we might contact:

A) Name: _____ Relationship: _____ Phone: _____

B) Name: _____ Relationship: _____ Phone: _____

I, _____ give permission for the above references to be contacted. YES NO

Date: _____ Volunteer Applicant's Signature: _____

How did you hear about us?

Saw recruitment for volunteers within an organization

Volunteer Centre

Referred by a friend or another volunteer

Through my school or agency

From a resident of the Home

From an employee at MVL

Community posting

Brochure

Website or Facebook

Other: _____

Parental/Guardian Consent:

Parent or Guardian (signature required if student is under 16 years of age):

Parent or Guardian: _____
Name in Full

Parent or Guardian Telephone:

(Home) _____ (Work) _____

Address of Parent or Guardian:

Signature of Parent or Guardian

Date

Proof of Tb test to be provided by physician with immunization record.