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):

☐ 1:1's Welcoming new residents
☐ Visiting with residents
☐ Assisting with Programs
☐ Assisting with administrative duties
☐ Assisting with Fundraising
☐ Organizing special events
☐ Church Services/Spiritual Programs
☐ Palliative Care
☐ Assisting in the dining room
☐ Operating The Tuck Shop
☐ Gardening
☐ Decorating for holidays & events
☐ Assisting on outings with residents
☐ Pet Visits/Pet Care
☐ Virtual volunteer work
☐ No preference
☐ 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:

☐ Sunday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Monday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Tuesday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Wednesday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Thursday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Friday ☐ Morning ☐ Afternoon ☐ Evenings

☐ Saturday ☐ Morning ☐ Afternoon ☐ 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.