

VOLUNTEER APPLICATION

APPLICATION DATE:	Day / Month / Year	Volunteer # (Office Use)		
NAME:	(First)			
	(Last)			
DESCRIPTION	Adult () 55+ Youth () University Student () International Student () Community Group () Name of Group _____			
ADDRESS:	Apt. # Street Street #			
	City Province Postal Code			
TELEPHONE:	Home Business Cell			
EMAIL:		#4 Profile Address		
LANGUAGE:	Spoken 1. Written 1.			
	2. 2.			
BACKGROUND: (Please describe any previous)				
Training: Work Experience: Volunteer Experience: Special Talents/Skills:				
#5 Profile Skills				
In Case of Emergency, Please Call:	Name:	Phone (H) (B)		
	Relationship:	#6 Profile Emergency Contacts		
Who referred you to Toronto Long-Term Care Homes & Services?				
Are you volunteering to fulfil a requirement of another program?		Required Hours:		
Please check your interests:				
<input type="checkbox"/> Executive	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Library	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Bar
<input type="checkbox"/> Bingo	<input type="checkbox"/> Trip Escort	<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pastoral
<input type="checkbox"/> Visiting	<input type="checkbox"/> Computer Asst	<input type="checkbox"/> Youth Council	<input type="checkbox"/> Day Centre	<input type="checkbox"/> Special Events
<input type="checkbox"/> Clinic Escort	<input type="checkbox"/> Tea Room	<input type="checkbox"/> Recreation	<input type="checkbox"/> Mealtime Assistance	<input type="checkbox"/> Rehab
<input type="checkbox"/> Other	Note: Some positions may not be offered at all locations			#1 Application Initial

SCHEDULING: What is your preferred availability? (Indicate as many that apply)

Day of the Week	Morning		Afternoon		Evening	
	From:	To:	From:	To:	From:	To:
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

*****DO NOT COMPLETE THIS SECTION UNTIL ORIENTATION COMPLETED*****

I have attended and understand the contents of the Volunteer Orientation Session. I will keep confidential any personal or organizational information I may learn regarding the residents, clients, staff, volunteers and/or business of the Long-Term Care Homes and Services Division. I consent to the release of my address and personal and/or business phone number to other volunteers or staff for the purpose(s) of Volunteer business. I agree to comply with all Ministry of Health and Long-Term Care and Ministry of Labour requirements and relevant Long-Term Care Homes and Services policies.

DATE: / /
 Day/Month/Year

SIGNATURE:

OFFICE USE:		
INTERVIEW DATE:	/ / Day/Month/Year	#1 Application Initial
ORIENTATION DATE:	/ / Day/Month/Year	
REVIEW DATE:	/ / Day/Month/Year	
PLACEMENT & MAIN DEPARTMENT:		
START DATE:	/ / Day/Month/Year	#2 Application Process
STATUS CHANGES/ASSIGNMENT CHANGES/COMMENTS:		
		#3 Basic

Thank you for your interest in volunteering with the Long-Term Care Homes and Services Division. Only those applicants, whose qualifications meet the home's/community program's current needs, will be contacted. Prior to being assigned a placement, Volunteers are required to successfully complete a one-to-one interview, an orientation session and training (as required). A Police Reference Check (AD-0700-02) is required for those over 18.

The personal information on this form is collected under the authority of the City of Toronto Act, 1997(No.2), By-law #36-1998 and Report No. 19, Clause 1 of the Community Services and Housing Committee (Dec.9,1992). The information is used to process an individual's application to be a volunteer in a City of Toronto long-term care home/community program. Questions about this collection can be directed to the Manager, Fundraising and Volunteer Programs, Metro Hall, 55 John St., 11th Floor, Toronto, ON M5V 3C6, Telephone 416-392-9392.