|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | | VO-0401-00 Appendix A | | | | |
| VOLUNTEER APPLICATION | | | | | | | | | | | | | | |
| **APPLICATION**  **DATE:** | | **/** **/** | | | | | | | | | **Volunteer # (Office Use)** | | | |
| **Day / Month / Year** | | | | | | | | |
| **NAME:** | | **First** | | | | | | | | | | | | |
| **Last** | | | | | | | | | | | | |
| **DESCRIPTION** | | Age Category: | | **Under 18  19 – 40  41 – 60  61 – 80  Over 80** | | | | | | | | | | |
| **Associated with a Community Group**  **Name of Group** | | | | | | | | | | | | |
| **ADDRESS:** | | Street # | | | Street | | | | | | | Apt # | | |
|  | | | | | | | | | | | | |
| City       Province    Postal Code | | | | | | | | | | | | |
| **TELEPHONE:** | | Home (   )    -     Business (   )    -     Cell (   )    - | | | | | | | | | | | | |
| **EMAIL:** | |  | | | | | | | | | | | | #4 Profile Address |
| **LANGUAGE:** | | **Spoken 1.**  **2.** | | | | | | **Written 1.**  **2.** | | | | | | |
| BACKGROUND: (Please describe any previous) **Training:**  **Work Experience:**  **Volunteer Experience:**  **Special Talents/Skills:**  #5 Profile Skills | | | | | | | | | | | | | | |
| **In Case of Emergency,**  **Please Call:** | **Name:**  **Relationship:** | | | | | | **Phone (H)** (   )    -  **(B)** (   )    -  #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:** | | | | | | | | | | | | | | |
| **Executive** | | | **Gift Shop** | | | **Library** | | | **Palliative Care** | | | | **Music/Entertain** | |
| **Bingo** | | | **Trip Escort** | | | **Hair Salon** | | | **Fundraising** | | | | **Spiritual Care** | |
| **Visiting** | | | **Computer Asst** | | | **Youth Council** | | | **Adult Day Centre** | | | | **Special Events** | |
| **Clinic Escort** | | | **Tea Room/Bar** | | | **Recreation** | | | **Mealtime Assistance** | | | | **Rehab** | |
| **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 and email address 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:    /     /      SIGNATURE:** | | | |
| **Day/Month/Year** | | | |
| **OFFICE USE:** |  | | |
| **INTERVIEW DATE:** | **/     /** | | |
| Day/Month/Year | #1 Application Initial | |
| **ORIENTATION DATE:** | **/     /** | | |
| Day/Month/Year | | |
| **REVIEW DATE:** | **/     /** | | |
| Day/Month/Year | | |
| **PLACEMENT & MAIN DEPARTMENT:** | Click here to enter text. | | |
| **START DATE:** | **/     /** | | |
| Day/Month/Year | #2 Application Process | |
| **STATUS CHANGES/ASSIGNMENT CHANGES/COMMENTS:** | | | |
| Click here to enter text. | | | |
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| Click here to enter text. | | | #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 is required for those 18 years of age and over.

|  |
| --- |
| 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, Resident & Volunteer Programs, 365 Bloor Street East, 15th Floor, Toronto, ON M4W 3L4, Telephone 416-392-8402. |