|  |  |  |
| --- | --- | --- |
|  |  | VO-0401-00Appendix 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. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
|  |
| 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.

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| 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. |