

VO-0401-00 Appendix A

# Volunteer Application

## Applicant Information

|  |  |
| --- | --- |
| Application Date (yyyy-mm-dd) | Volunteer Number **(Office Use)** |
| First Name | Last Name |
|  Street Number | Street Name |  Suite/Unit Number |  |
| City/Town | Province | Postal Code |
| Telephone Number | Mobile Number | Business Number |
| Email |
| Age[ ]  14 – 17 [ ]  18 – 40 [ ]  41 – 60 [ ]  61 – 80 [ ]  Over 80 | Associated with a Community Group [ ]  Yes [ ]  NoName of Group:  |
| How did you learn about volunteering with Seniors Services and Long-Term Care? |
| Are you volunteering to fulfil a requirement of another program? [ ]  Yes [ ]  No If yes, required hours:       |
| Please select volunteer role you are interested in: |
| [ ]  Executive | [ ]  Gift Shop | [ ]  Library | [ ]  End of Life Care | [ ]  Music/Entertainment |
| [ ]  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 Asst. | [ ]  Rehab |
| [ ]  Other:  | \*Please be aware that some roles may not be offered at all locations |
| **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 |       |       |       |       |       |       |

## Experience & Skills

|  |  |  |
| --- | --- | --- |
| Language(s)Spoken 1: Written 1:  | 2: 2: | Special Talents/Skills |
| Special Training | Work Experience | Volunteer Experience |

## Emergency Contact

|  |
| --- |
| This section must be completed by the person who has agreed to act as your emergency contact and/or has given you approval to provide their information |
| First Name      | Last Name | Relationship      |
| Telephone Number | Mobile Number | Business Number |

### Office Use Only

|  |  |  |
| --- | --- | --- |
| Interview Date (yyyy-mm-dd) | Orientation Date (yyyy-mm-dd) | Review Date (yyyy-mm-dd) |
| Placement and Main Department | Start Date (yyyy-mm-dd) |
| Status changes, assignment changes and other comments |
|  |  |  |
|  |  |  |
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Thank you for your interest in volunteering with the Seniors Services and Long-Term Care Division. Only those applicants whose qualifications meet the home or community program’s current needs will be contacted. Prior to being assigned a placement, volunteers are required to successfully complete an interview, an orientation session and training (as required). A Police Reference Check is required for those 18 years of age and over.

The City of Toronto Seniors Services and Long-Term Care division collects personal information on this form under the legal authority of the City of Toronto Act, 2006, section 136 (a) and (c) and the Fixing Long-Term Care Act, 2021, section 20(1). The information will be used to process an individual's application to be a volunteer in a City of Toronto Long-term Care Home and/or community program and to administer the Seniors Services and Long-Term Care division's volunteer program. Questions about this collection can be directed to the Manager, Resident & Volunteer Programs, Seniors Services and Long-Term Care, c/o 55 John Street, Toronto, Ontario M5V 3C6 or by telephone at 416-392-8402.