

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  No  Name 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.