



FOR OFFICE USE ONLY		
Two Step Tuberculin record rcd	Y	N
Criminal Police record received	Y	N
References Checked	Y	N
Orientation	Y	N
Influenza Vaccination	Y	N

Volunteer Services

Villa St. Gabriel Villa: (705) 590-2580, ext. 3334

St. Joseph's Villa & St. Joseph's Continuing Care Centre: (705) 674-4447 ext. 1330

VOLUNTEER APPLICATION FORM

Name: _____ Address: _____ City _____

Postal Code _____ Phone: _____ Fax: _____

E-mail: _____ Date of Application _____ Birth Date: ____/____/____
Day / Month / Year

In Case of Emergency Contact:

Name _____ Phone: _____ Relationship: _____

(Volunteers must be 14 years of age in order to volunteer. If you are under 16 years of age you must have a parent or guardian consent on the application form in order to volunteer).

Parent / Guardian Name (please print): _____

Signature _____ Date _____

Volunteer Positions and Preferences

In what area would you prefer to volunteer? Complex Continuing Care St. Joseph's Villa Villa St. Gabriel's Villa

Are you a student? Yes No ; if yes, name of school: _____ hours required: _____

<input type="checkbox"/> Activity Programs <input type="checkbox"/> Spiritual & Religious Care Services <input type="checkbox"/> Friendly Visits Program <input type="checkbox"/> Library Services Program <input type="checkbox"/> Special Events <input type="checkbox"/> Community Outings <input type="checkbox"/> Foundation Bus Driver <input type="checkbox"/> Horticulture / Gardening Programming	<input type="checkbox"/> Just Clean Your Hands Program <input type="checkbox"/> Clerical / Administration / Reception <input type="checkbox"/> Creativity and Artistic Programming <input type="checkbox"/> Sing Songs and Music Programming <input type="checkbox"/> Portering to and from in-house services and programs <input type="checkbox"/> Café <input type="checkbox"/> Medical Appointments <input type="checkbox"/> Other, Please list: _____
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Work Experience and Education

Do you have volunteer experience? Yes No

If yes describe: _____

Are you currently employed? Yes No

If yes, where are you currently employed and in what capacity. _____

Please describe your education, skills and abilities that may be beneficial to our organization. _____

Language and Culture

Do you speak, write or read in any languages other than English? Yes No

Speak: _____ Write Read

Speak: _____ Write Read

What Cultures are you familiar with? _____

Reason for Volunteering

Why would you like to volunteer at St. Joseph's Health Centre? _____

How did you Learn about Volunteering at St. Joseph's Health Centre? _____

Media Word of Mouth Job Fair Referral; if so who referred you? _____

Spiritual or Religious Community Service Volunteer Sudbury School Other: _____

Are you willing to commit to 6 months or 72 hours of volunteering? yes no

Background information

Have you had experience with the terminally ill? Yes No

Have you had a person close to you die within the last year? Yes No

Do you have any physical or medical restrictions/conditions that may affect your function as a volunteer? Yes No

Driving

Do you have a valid driver's license? Yes No

Hobbies and Leisure

What hobbies and interests do you have? _____

Availability

What is your availability? Morning: Afternoon: Evening:	Mon Tue Wed Thurs Fri Sat Sun
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Signature: _____ Date: _____

References

Please provide two references other than family.

1. Name: _____ Phone: _____
Nature of relationship: _____

2. Name: _____ Phone: _____
Nature of relationship: _____