



Maplewood House and MSA Manor

**Recreation**

**Volunteer Application**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (mm/yyyy) : \_\_\_\_\_ Are you over 18 years of age?  Yes  No

Is there any information a health care professional should know in case of sudden illness? i.e. allergies, medical conditions, contact lenses etc. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**OCCUPATION/ EMPLOYMENT HISTORY**

Are you currently employed?  Yes  No  Full time  Part time

Current Employer: \_\_\_\_\_

What previous jobs have you had? \_\_\_\_\_  
\_\_\_\_\_

**SKILLS, ABILITIES, EDUCATION AND TRAINING**

If you are currently a student, what school/university do you attend?  
\_\_\_\_\_

Area of study: \_\_\_\_\_

Please list any past education/training that you have: \_\_\_\_\_  
\_\_\_\_\_

Are you volunteering as a college pre-requisite or school:  Yes  No

If yes, which course and what is required: \_\_\_\_\_



What hobbies/skills/interests do you have which might benefit your volunteer work?

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Do you speak/write other languages other than English? Please specify

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**VOLUNTEER EXPERIENCE**

Are you presently a volunteer?  Yes  No

If yes, where? \_\_\_\_\_

Describe any current or previous volunteer experience: \_\_\_\_\_

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**VOLUNTEER WORK DESIRED**

Which days/times you are available for volunteer work? \_\_\_\_\_

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Would you be available on a regular basis or would your schedule change frequently? \_\_\_\_\_

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**VOLUNTEER SCREENING**

***All volunteers are required to consent to a criminal record check before they will be accepted as a volunteer with Maplewood Seniors Care Society. We will send you the entire required paperwork via email once your application is submitted.***

**REFERENCES**

Please provide us with two people to call for a reference. We prefer a personal (non relative) and one employee/ teacher/volunteer supervisor.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_



**PARENTAL CONSENT**

If you are under 18, you will need parental consent to volunteer with Maplewood. We ask that your parent attend your interview, and sign the following consent form.

I give my permission for my son/daughter \_\_\_\_\_ to become a volunteer with Maplewood Seniors Care Society. I understand the commitment of sixty hours he/she is making. I believe he/she has the maturity to work in this setting, and support his/her decision to take on this challenge.

I understand that if my son/daughter is under 16, I will have to be present during his/her volunteer hours.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMITMENT**

1. I agree to volunteer with Maplewood Seniors Care Society for minimum of 60 hours.
2. I understand that if I have represented myself falsely in this application, my volunteer position may be terminated.
3. I agree to respect the privacy of the residents and Maplewood Seniors Care Society, and understand that a breach of confidentiality is cause for dismissal.
4. I have read the Volunteer Manual.
5. I understand that a reference will not be given until the 60 hours commitment has been completed.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_