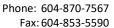




Fax: 604-853-5590

Recreation	Volunteer Application			
PERSONALINFORMATION				
Name:	Date:			
Home Phone:	Cell Phone:			
Address:				
Email Address:				
Are you over 18 years of age? ☐ Yes ☐ No				
Is there any information we should know in case of sudden illness? i.e. allergies, medical conditions, contact lenses etc.				
Emergency Contact:	Phone:			
Relationship:				
OCCUPATION/ EMPLOYMEN	THISTORY			
Are you currently employed? \square Yes \square No \square Full time \square Part time				
Current Employer:				
What previous jobs have you had?				
SKILLS, ABILITIES, EDUCATIO	N ANDTRAINING			
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:				
If yes, which course and what is required:				





What hobbies/skills/interests do you have which might benefit your volunteer work?				
Do you speak/write other languages other than English? Please specify				
VOLUNTEER EXPERIENCE				
Are you presently a volunteer? \square Yes \square No				
If yes, where?				
Describe any current or previous volunteer experience:				
VOLUNTEER WORK DESIRED				
Which days/times you are available for volunteer work?				
Would you be available on a regular basis or would your schedule change frequently?				
What type of volunteer programs interest you? Please check all that apply.				
\square 1:1 visits \square Walking Program \square Group Activities \square Spiritual Care \square Personal Shopping				
☐ Exercise Programs ☐ Social Outings ☐ Medical Appointment Escort ☐ Other				

VOLUNTEER CRIMINAL RECORD CHECK

All volunteers are required to consent to a criminal record check before they will be accepted as a volunteer with Maplewood 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.

Phone: 604-870-7567 Fax: 604-853-5590



REFERENCES CONTINUED					
Nai	me: Phone Number:				
Rel	ationship:				
Nar	me: Phone Number:				
Rel	Relationship:				
VOL	JNTEER COMMITMENT				
1.	I agree to volunteer with Maplewood 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 will not use my position as an opportunity to persuade or convert anyone from one religion, belief, or opinion to another.				
4.	I agree to bring any issues or concerns forward immediately to the Volunteer Manager or designate.				
5.	. I agree to respect the privacy of the residents and Maplewood Care Society and understand that a breach of confidentiality is cause for dismissal.				
6.	i. I have read the Volunteer Manual.				
7.	7. I understand that a reference will not be given until the 60 hours commitment has been completed.				
Sigr	nature of Applicant: Date:				
GUARDIAN CONSENT					
If you are under 18, you will need parental consent to volunteer with Maplewood Care Society. We ask that your parent attend your interview and sign the following consent form.					
I give my permission for my childto become a volunteer					
with Maplewood 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 child is under 16, I will have to be present during his/her volunteer hours.					
Gua	ardian Signature:Date:				

Phone: 604-870-7567 Fax: 604-853-5590



VOLUNTEER CONSENT

Signature of Applicant:	Date:	
information.		
party with legal and proper interest, a	and I release the agency from any liab	pility whatsoever for supplying such
that it will remain confidential to Maple	wood Care Society. I understand that this	information may be disclosed to any
I understand and give permission to Map	olewood Care Society to keep a record of	my personal information on site and
requested.		
information requested. I understand a	nd give permission to these references	to release all relevant information
Maplewood Care Society to contact the r	references listed and give permission to the	nese references to release all relevant
for immediate termination. I understand	that a Criminal Record Check is required	d for a volunteer position. I authorize
given may be cause for refusal or volunte	eer placement, or if I am a volunteer of M	aplewood Care Society, may be cause
complete and true. I understand and ag	gree that any omission or misrepresenta	ition with respect to the information
I <u> </u>	(Print Name) confirm that the inform	mation in this volunteer application is