

Recreation

Volunteer Application

PERSONAL INFORMATION

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/ 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?

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

VOLUNTEER EXPERIENCE

Are you presently a volunteer? Yes 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.

- 1:1 visits Walking Program Group Activities Spiritual Care 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.

REFERENCES CONTINUED

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

VOLUNTEER 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 have read the Volunteer Manual.
7. I understand that a reference will not be given until the 60 hours commitment has been completed.

Signature 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 child _____ to 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.

Guardian Signature: _____ Date: _____

VOLUNTEER CONSENT

I _____ (Print Name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation with respect to the information given may be cause for refusal or volunteer placement, or if I am a volunteer of Maplewood Care Society, may be cause for immediate termination. I understand that a Criminal Record Check is required for a volunteer position. I authorize Maplewood Care Society to contact the references listed and give permission to these references to release all relevant information requested. I understand and give permission to these references to release all relevant information requested.

I understand and give permission to Maplewood Care Society to keep a record of my personal information on site and that it will remain confidential to Maplewood Care Society. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

Signature of Applicant: _____ **Date:** _____