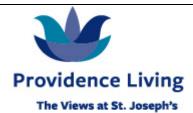


Volunteer Application

Full Name: First/ Middle/ Last						
Address:						
City: Postal Code:						
Daytime Phone:	Alternate:					
Please circle: HOME WORK CELL	Please Circle HOME WORK CELL					
May we send you information by email?	☐ Yes please. ☐ No thank you					
Email address:						
Emergency Contact: Name:						
Phone:	Relationship:					
1. What talents, skills, hobbies and interests do you have? Group Activities Presentations						
Outings	One to one visits					
Crafts	Administrative or IT projects					
Other (please explain):						
2. Are you volunteering as a prerequisite for	or a course? Yes No					
Course and school:	Hours needed					
3. Where did you learn about volunteering a	at St. Joseph's? (Please check all that apply)					
□ Friend □ Volunteer □ Newspaper	□ Website □ Other					
OFFIC	E USE ONLY					
Information Session Date:	3 Month Review Date:					
References:	Criminal Record Check					
Comments:						
Better Impact						
Info to Team Leader: Nametag:						



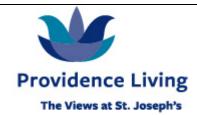
4.	We ask for a minimum six-month commitment from new volunteers. Are you able to make this commitment? \square Yes \square No						
5.	Are you fully vaccinated against Covid-19? * FLU SHOTS: Please note that all volunteers will be required to have a flu shot or wear a mask from December 1-March 31. Vaccinations will not be available at The Views.						
	☐ Yes Please attach proof of Covid-19 vaccination to application.						
	□ No, but I intend to						
	☐ No, I have decline	ed to receive any Covid-19	Vaccines.				
6.							
	D		AILABILITY es you will be available to v	volumboor.			
	P	lease identity days and tim	es you will be available to v	volunteer .			
	Days	Morning	Afternoon	Evening			
	☐ Monday						
	☐ Tuesday						
	☐ Wednesday						
	☐ Thursday						
	Friday						
	Saturday						
	Sunday						
	Other:						
Apı	olicant signature:_		Date:				



VOLUNTEER PLEDGE OF CONFIDENTIALITY

All residents, staff and volunteers of the Views at St. regarding their health and personal matters, and all rights.	
Therefore, I	esidents are strictly confidential
I also agree that any other information of a confident access through my volunteering, including information and the Views at St. Joseph's operations, will be trea	on about other volunteers, staff
This includes ensuring that confidential information is overheard by others who should not have access.	s not discussed where it could be
I realize that any breach of this trust may lead to ter the Views at St. Joseph's.	mination of my volunteer role at
Signature:	Date:
	Witness:

VOLUNTEER SERVICES, The Views at St. Joseph's, 2137 Comox Avenue, Comox, B.C. V9M 1P2

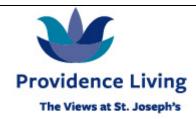


Please read this page carefully. Your signature at the bottom of the page indicates that you understand and agree to each of the items below.

VOLUNTEER SERVICES PROGRAM PARTICIPATION AGREEMENT

1.	Ι, .	, agree to serve as a volunteer and will:				
	•	(please print) Perform my volunteer duties to the best of my ability;				
	•	Fulfil my time and duty commitment, or provide adequate notice so that alternative				
		arrangements can be made; and				
	 Act at all times as a member of a professional health care team, to help achieve the mission of the Views at St. Joseph's. 					
2.	Ιg	give permission for the Volunteer Services Program to perform a check of my				
		ckground, which may include:				
	•	Past employment and/or volunteer history; Personal references and/or Criminal Record Check, and				
	•	Other persons or sources as appropriate for the volunteer service(s) in which I have expressed an interest.				
	Ιu	nderstand that information collected during this background check will be limited to that which is				
	apı	propriate to determining my suitability for the types of volunteer service in which I will be				
	inv	olved, and that all information collected during the check will be kept confidential.				
3.	Ιg	give permission to the Volunteer Services Program to take photographs and to store				
		gistration or personal information electronically. I understand that:				
	•	Information collected at the time of registration will be stored electronically and used for management functions by the Volunteer Services Program;				
	•	All volunteers are required to have official photo identification; and				
		From time to time, pictures may be taken and used for publicity and display purposes.				
4.	I authorize the Volunteer Services Program to provide references, both written and verbal, relating to my volunteer service. This permission is required by the Freedom of Information Act.					
5.		will adhere to the Views at St. Joseph's Volunteer Services Program policies and ocedures.				
	CC	understand and will respect the policies of the Volunteer Services Program concerning onfidentiality, record keeping, wearing an identification badge during volunteer duties, and return the badge if I leave my volunteer placement.				
	st	also understand and will respect all other policies of the Views at St. Joseph's that apply to all raff, physicians and volunteers, including, but not limited to, the Immunization Policy, Footwear blicy, etc.				
6.		agree to conduct myself with the utmost integrity, respecting the vulnerable nature of le residents I serve and acknowledging the responsibility associated with same.				
Sin	nat	rure:/				
5						

VOLUNTEER SERVICES, The Views at St. Joseph's, 2137 Comox Avenue, Comox, B.C. V9M 1P2



Volunteer Services Personal Reference

Personal Reference for.
The person named above has applied to be a volunteer at The Views at St. Joseph's. Each volunteer is required to provide two personal references before they can begin their placement. References should not be relatives of the volunteer and may be called to verify the information.
1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Please describe the youth volunteer applicant in the following areas:
a. Attitude:
b. Ability to get along with others:
c. Dependability:
d. Ability to follow instructions:
4. Additional comments:
THIS APPLICANT IS: ☐ RECOMMENDED ☐ NOT RECOMMENDED
Your name (please print):
Signature (not required for emailed references):
Date: Phone:
If you give this completed reference to the volunteer, please fold the completed form and secure it closed with

tape, a staple or a sealed envelope. If you would like to email it, please send it to

Joseph's, 2137 Comox Ave, Comox, BC V9M 1P2

anne.winters@providenceliving.ca. Postal mail to Anne Winters, Manager, Volunteer Services, The Views at St.