



Providence Living
Honouring every life story

Volunteer Application

Full Name: First/ Middle/ Last	
Address:	
City:	Postal Code:
Primary Phone: Home Work Cell	Alternate: Home Work Cell
May we send you information by email? <input type="checkbox"/> Yes please. <input type="checkbox"/> No thank you	
Email address:	
Emergency Contact: Name:	Relationship:
Phone:	

1. What talents, skills, hobbies and interests do you have?

<input type="checkbox"/> Group Activities	<input type="checkbox"/> Presentations
<input type="checkbox"/> Outings	<input type="checkbox"/> One to one visits
<input type="checkbox"/> Crafts	<input type="checkbox"/> Administrative or IT projects
<input type="checkbox"/> Other (please explain):	

2. Are you volunteering as a prerequisite for a course? Yes No

Course and school: _____ Hours needed _____

3. Where did you learn about volunteering at The Views? (Please check all that apply)

Friend Volunteer Newspaper Website Other _____

CONTINUED ON OTHER SIDE →

OFFICE USE ONLY			
Orientation Date:			
References:	<input type="checkbox"/> #1 Received	<input type="checkbox"/> #2 Received	Criminal Record Check <input type="checkbox"/> Received
Comments:			
Better Impact			



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4. We ask for a **minimum six-month commitment** from new volunteers.
Are you able to make this commitment? Yes No
5. **Have you received your annual Flu vaccine?** * *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 Flu vaccine.
- No, but I intend to
- No, I have declined to receive the annual Flu vaccine.

6.

AVAILABILITY			
Please identify days and times you will be available to volunteer			
Days	Morning	Afternoon	Evening
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			

Applicant signature: _____ **Date:** _____



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VOLUNTEER PLEDGE OF CONFIDENTIALITY

All residents, staff and volunteers of Providence Living at The Views have a right to privacy regarding their health and personal matters, and all volunteers must respect these rights.

Therefore, I _____, understand that the physical conditions and personal affairs of residents are ***strictly confidential*** and may ***not*** be discussed with and/or disclosed to anyone except in the context of my volunteer services role.

I also agree that any other information of a confidential nature, to which I may have access through my volunteering, including information about other volunteers, staff and The Views operations, will be treated as such.

This includes ensuring that confidential information is not discussed where it could be overheard by others who should not have access.

I realize that any breach of this trust may lead to termination of my volunteer role at Providence Living at The Views.

Signature: _____ Date: _____

Witness: _____

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. I, _____, 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 Providence Living at The Views.

2. I give permission for the Volunteer Services Program to perform a check of my background, 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.

I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for the types of volunteer service in which I will be involved, and that all information collected during the check will be kept confidential.

3. I give permission to the Volunteer Services Program to take photographs and to store registration 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. I will adhere to The Views Volunteer Services Program policies and procedures.

I understand and will respect the policies of the Volunteer Services Program concerning confidentiality, record keeping, wearing an identification badge during volunteer duties, and return of the badge if I leave my volunteer placement.

I also understand and will respect all other policies of The Views that apply to all staff, physicians and volunteers, including, but not limited to, the Immunization Policy, Footwear Policy, etc.

6. I agree to conduct myself with the utmost integrity, respecting the vulnerable nature of the residents I serve and acknowledging the responsibility associated with same.

Signature: _____ Date _____ / _____ / _____