



**Please read and sign the following:**

I understand that I will fulfill my commitment(s) to the best of my ability. In the event that my ability and involvement are not compatible with a selected activity, I may be considered for another placement. The Glebe Centre reserves the right to discontinue a placement should it be necessary.

I understand that I will provide an application, signed confidentiality form, the names of two references and a Police Check (free with signed letter provided by the Coordinator of Volunteer Services.) I will attend an interview, provide the necessary paperwork and attend any training required for the selected volunteer activity. The supervisor will provide training for specific roles. I will need to provide proof I have taken Worker Health & Safety Awareness training [www.labour.gov.on.ca](http://www.labour.gov.on.ca) and Accessibility Training [www.accessforward.ca](http://www.accessforward.ca).

I consent to have my photo taken which may be posted in The Glebe Centre and used for external brochures; news stories and/or promotional material. Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to allow my personal information to be given out to other departments **within our organization**; this could include our fundraising department and or a sharing of information between long-term care and community support. I could receive newsletters, updated information regarding The Glebe Centre and information or requests for donations, other volunteer positions. Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to allow my email address to be shared within our organization and with other volunteers when necessary. This could include newsletters and invitations, information regarding outbreaks and or special events. Yes \_\_\_\_\_ No \_\_\_\_\_

I will wear my I.D. badge at all times while volunteering at The Glebe Centre and sign in at the beginning and end of each shift. I will contact the Volunteer Coordinator if I require a replacement ID badge.

I understand that as a volunteer I am not permitted to perform any nursing and/or personal care for residents.

I understand that it is my duty to inform The Glebe Centre of any changes to my personal information.

As a volunteer, I agree to hold in strict confidence confidential information about The Glebe Centre, staff, residents and clients.

I have read and I understand the policy regarding Abuse and Neglect. I have been given a copy of the policy for review.

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

Parent/Guardian Signature \_\_\_\_\_

The parent/guardian is required to sign if you are under 18 years of age

**PLEASE NOTE FILLING OUT AN APPLICATION OR PARTICIPATING IN AN INTERVIEW/ORIENTATION WILL NOT AUTOMATICALLY RESULT IN A PLACEMENT. PLACEMENTS ARE DEPENDANT ON MANY FACTORS AND CONIDERATIONS.**

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