

## **VOLUNTEER APPLICATION**

GENERAL INFORMATION																			
Last Name:	First Name:									O	Office Use: Swipe Card #								
Address:							Apt:						Office Use: Supervisor						
City:		Province:					Postal Code:					O	Office Use: Program/Activity						
Phone: (Home)						Phone: (Cell)							Volunteer Email Address:						
Emergency Contact																			
Name: Phone:																			
About Volunteering																			
Please indicate the programs you are interested in supporting:																			
How did you hear about us? (Volunteer Ottawa, Web Site, Local Paper, Another Volunteer, etc.)																			
We encourage volunteers to research the many opportunities and programs available. Please visit our web site <a href="www.glebecentre.ca">www.glebecentre.ca</a> for further information on programming and opportunities in both long-term care and community support.																			
We understand that some volunteers can only commit to a short period. With the necessary training																			
required in order to volunteer in a long-term care facility and community support six months would be the ideal. If this is not possible, please discuss with the Coordinator of Volunteers other options that will allow																			
us to provide you with the best possible experience.																			
What languages do you speak? Please Circle.																			
□ English □ French □ Mandarin □ Cantonese □ Other:																			
Please indicate level of proficiency: Basic, Intermediate, or Advanced (Fully Fluent)																			
AVAILABILITY																			
Monday Tuesday				W	ednesd	lay	Thursday			Friday				Saturday			Sunday		
Am Pm Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	

## 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 <a href="www.labour.gov.on.ca">www.labour.gov.on.ca</a> and Accessibility Training <a href="www.accessforward.ca">www.accessforward.ca</a>.

Signed:	Date:	
I have read and I understand the poreview.	licy regarding Abuse and Neglect.	I have been given a copy of the policy for
As a volunteer, I agree to hold in st and clients.	rict confidence confidential informa	ation about The Glebe Centre, staff, residents
I understand that it is my duty to in	form The Glebe Centre of any chan	nges to my personal information.
I understand that as a volunteer I ar	n not permitted to perform any nurs	sing and/or personal care for residents.
I will wear my I.D. badge at all time of each shift. I will contact the Vo	•	Centre and sign in at the beginning and end eplacement ID badge.
I consent to allow my email address This could include newsletters and YesNo		on and with other volunteers when necessary outbreaks and or special events.
could include our fundraising depart	tment and or a sharing of information, updated information regarding T	partments within our organization; this ion between long-term care and community he Glebe Centre and information or requests
stories and/or promotional material	· -	Centre and used for external brochures; news

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.

Bridget MacInnis Coordinator of Volunteer Services 613 238-2727 ext. 353

volunteerservices@glebecentre.ca

Notice of Collection: Information is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31. It will be used for administration of the volunteer department including communicating with the volunteer, assessing suitability for a volunteer position, to compile mailing lists for newsletters and recognition. Questions regarding this collection should be forwarded to the Coordinator of Volunteer Services, The Glebe Centre Inc. 77 Monk Street, Ottawa Ontario K1S5A7 volunteer@glebecentre.ca 613-238-2727 Ext 353