



WINDERMERE CARE CENTRE

Volunteer Application Form

PERSONAL INFORMATION

Date _____

{ Mr. { Ms. { Mrs. { Miss { Other Preferred First Name: _____

Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____ Cell: _____

Email Address: _____

{ High School Student

{ College Student

{ University Student

Age { 16-20

{ 20-40

{ 41-60

{ 61+

Date of Birth: _____

INTEREST

How did you hear about Windermere Care Centre?

Why are you interested in volunteering for Windermere Care Center?

What type of volunteer programs interest you? (Skills you want to share)

Can you volunteer on a regular basis? { Yes { No

What times are you available?

Please indicate blocks of specific times in the spaces provided below:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would the times be regular, or would the times need to change frequently?

{ Regular times { Change

If your hours would change frequently, please explain

SKILLS AND ABILITIES

Please list any special skills, and/or hobbies (i.e. typing, languages, arts & crafts, music, fitness, etc.)

In which area(s) would you prefer to volunteer? (skills you would like to share)

Do you speak, read or write other languages? Please explain.

HISTORY

(Volunteer, Employment, Education, Training)

VOLUNTEER

Are you presently a volunteer? { Yes { No

If yes, where: _____

How long? : _____

Describe any previous volunteer experience:

EMPLOYMENT

Are you currently employed: {Yes {No

Current employer:

May we contact you at work? {Yes {No

Previous Employment: (attach resume if you wish)

EDUCATION & TRAINING

If you are currently a student, what school/university do you attend?

Area of study: _____ Year / grade: _____

List any past relevant education/training you have

Have you any specific health care training {No {Yes If yes, describe:

EMERGENCY CONTACT INFORMATION

Name of contact person in case of emergency:

Relationship: _____ Telephone/Cell No: _____

Do you have any medical conditions (allergies, physical) that we need to know of?

REFERENCES

Please provide two references (not relatives) that have known you for at least six months; one personal and one business or volunteer related. (Please inform your references they will be contacted by Windermere Care Centre)

Name _____

Relationship: _____

Phone _____

Email address: _____

Name _____

Relationship: _____

Phone _____

Email address: _____

PARENT/LEGAL GUARDIAN CONSENT (applicants under 19 years of age)

I, _____ (name of parent)

Grant my child _____ (name of child)

Permission to participate in the volunteer program at Windermere Care Centre.

Signature of Parent/Guardian: _____

Date: _____

*****Please read the following carefully before signing this application*****

I _____ (print your name) confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misinterpretation with respect to the information given may be cause for refusal of volunteer placement, or if I am a volunteer of Windermere Care Centre, may be cause for immediate termination. I understand that the criminal record check is required. I authorize Windermere Care Centre to contact the references listed in this application and give permission to these references to release all relevant information requested.

I understand, and give permission to Windermere Care Centre to keep a record of my personal information on site and that it will remain confidential to Windermere Care Centre. Unless requested through court order, subpoena, or search warrant.

I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may be cause for termination of my Volunteer position.

If I am approved as a Volunteer, I agree to abide with the Policies and Procedures of Windermere Care Centre.

Volunteer Signature _____ Date _____

Print Name: _____

Please return completed applications to Windermere Care Centre

Attention Recreation Manager

900 West 12th Avenue, Vancouver, BC V5Z 1N3. FAX: 604. 736.8682.

EMAIL: azmina@windermerecare.ca

The information you provide on this form is considered confidential by WCC and will only be used to manage the application, selection, and coordination with the WCC. This form is used for prescreening, checking references, as well as recording home and emergency contact information. This form is kept on file by the volunteer services for all active volunteers and will be destroyed 5 years after a volunteer resigns.