



Senior Persons Living Connected Placement Student Application Form

The information on this form is strictly confidential and is solely intended for the authorized use set out by the SPLC Privacy Policy.

Please help us to determine how to make the best use of your skills as a volunteer by filling out the questionnaire below. Please return the completed application form (attached to your resume if you have one) to the Volunteer Coordinator.

1. GENERAL INFORMATION

Last Name	First Name	Preferred Name	
Home Phone	Cell Phone	Business Phone	
Address		Unit	City
Postal Code	E-mail Address		

Gender:	Birth Year:
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	

Emergency Contact Information

Last Name	First Name	Relationship
Home Phone	Cell Phone	Business Phone

Are there any **health/medical** or other concerns we need to know for your safety?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes please specify:
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Which languages do you speak fluently?

<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Armenian	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Farsi	<input type="checkbox"/> French
<input type="checkbox"/> Greek	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Korean	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Tamil			<input type="checkbox"/> Other:		

2. EMPLOYMENT / PLACEMENT EXPERIENCE

Employment History

Company	Title	Period	Job Nature

Student Placement / Volunteer Experience

Organization	Position	Period	Job Nature

What are your hobbies and interests that can be shared?

<input type="checkbox"/> Dancing	<input type="checkbox"/> Singing	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Piano	<input type="checkbox"/> Violin
<input type="checkbox"/> Guitar	<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Erhu	<input type="checkbox"/> Photography
<input type="checkbox"/> Other:				

3. PLACEMENT INFORMATION ****PLEASE FILL OUT ALL INFORMATION BELOW****

Name of School:	
Program/Course:	Year/Semester:
Placement Instructor:	Instructor Contact #
Total Number of Placement Hours in SPLC:	Expected Start Date:

Placement Days Available:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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4. REFERENCES

Please provide two references. One should be an employer, supervisor, teacher or an individual known through community involvement for at least 6 months. The other can be a personal friend or family member.

Name:	Relationship to Applicant:
Email:	Phone:

Name:	Relationship to Applicant:
Email:	Phone:

5. PLACEMENT STUDENT CONTRACT and CONFIDENTIALITY AGREEMENT:

I agree to serve as a placement student and commit to the following:

1. To perform my placement student duties so that I meet the service expectation and standards of SPLC.
2. To refrain from conflicts of interest, or any personal or financial gain.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To indicate respect for all clients, volunteers, placement students and staff in both word and deed.
5. To fulfill my responsibilities while always ensuring the safety of clients, volunteers, placement students and staff.
6. To understand and abide by the SPLC Policy.
7. To give a minimum of 2 weeks' notice before I resign, and to return my placement student name tag before I resign.
8. To keep confidential all information; verbal, written or computerized; which I may hear directly concerning clients, residents, staff members, volunteers or placement students.

Confidentiality Agreement

I understand that in the course of conducting my responsibilities as a staff member, volunteer, contractor, Director or Board Member of Senior Persons Living Connected, I may have access to personal information about applicants, clients, volunteers and employees of SPLC. I understand that there are legal restrictions on how this information may be collected, used, stored, released and disposed, and that the privacy of personal information must be respected.

I hereby agree to abide by SPLC's Privacy of Information Policy regarding confidentiality, which is attached to this agreement. I further agree to abide by the restrictions placed on confidential information as set out by the Personal Information Protection and Electronic Documents Act, (PIPEDA), Personal Health Information Protection Act (PHIPA), the Social Housing Reform Act, and any other statute that is now or may later be in force.

MM/DD/YYYY

Print Name

Signature

6. CONSENT OF PARENT OR GUARDIAN

This section applies only if you are under the age of 18 years.

I hereby consent for my child/ward _____ (*placement student's name*), who is under the age of 18 years, to do a placement at Senior Persons Living Connected. I recognize that unless my permission to do a placement is granted, the insurance policy of Senior Persons Living Connected will prohibit the involvement of _____ (*placement student's name*) as a placement student.

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Date: _____



Senior Persons Living Connected Reference Form

This section needs to be completed by one of your referees (e.g. your teacher, friends, family, co-worker, etc.).

SPLC provides both community and housing service for seniors in the Scarborough area; we rely heavily on our outstanding volunteers to help deliver our programs and services. The form below is part of an application process for new volunteers. The application, interview and references assist us in our selection process and ensure that we continue to provide quality services to our clients. We thank you for taking the time to complete this form and confirm the applicant listed is suitable for volunteering with us.

Applicant's First Name: _____ Last Name: _____
Name of Referee: _____
Email address (personal or business): _____
Name of organization referee works for: _____
Relationship to Applicant: _____ Date: _____

1. How long, and in what capacity have you known the individual?
(e.g. supervisor, colleague, teacher, mentor, etc.)

2. How would you best describe the individual?

3. How does the individual get along with people (especially seniors)? Please explain:

4. Describe some positive skills or traits of the individual?

5. Are there any areas where the individual might need improvements?

6. Would you recommend this person to our organization?

*** Signature:** _____