



Senior Persons Living Connected Volunteer 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
Postal Code	E-mail Address	
		City

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

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:		

What best describes your current situation?

<input type="checkbox"/> Employed	<input type="checkbox"/> Seeking Work	<input type="checkbox"/> Retired
<input type="checkbox"/> Student	Name of School:	Major:
<input type="checkbox"/> Other:		

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:

How did you hear about SPLC?

<input type="checkbox"/> Web Search	<input type="checkbox"/> Community Board	<input type="checkbox"/> Special Event
<input type="checkbox"/> School	<input type="checkbox"/> Friend	<input type="checkbox"/> Media (e.g. television, newspaper)
<input type="checkbox"/> Other:		

2. EMPLOYMENT / VOLUNTEER EXPERIENCE

Employment History

Company	Title	Period	Job Nature

Volunteer Experience

Organization	Position	Period	Job Nature

Special Skills that you would like to contribute:

<input type="checkbox"/> Web Developer	<input type="checkbox"/> Office Software (MS Office)	<input type="checkbox"/> Engineer
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Nurse
<input type="checkbox"/> Computer Instructor	<input type="checkbox"/> Art & Craft Instructor	<input type="checkbox"/> ESL Teacher
<input type="checkbox"/> Photography	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Other:

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"/> Drum
<input type="checkbox"/> Other:				

3. VOLUNTEERING PREFERENCES

Please indicate which days and time you are available in the following table:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
Hours per week:							

Is there a particular volunteer position that you are interested in? (Please check all that apply)

Meals on Wheels driver	Friendly Visiting	Day Program Assistant	Office Assistant	Other:
Food Services	Friendly Shopping	Health Promotion	Recreation Assistant	
Centre Shop Assistant	Friendly Escorting	Special Events	Security Check (8PM – 9PM)	

Introduction of some positions that are on the list:

- **Meals-on-Wheels Driver**

Requires the volunteer to use their own vehicle to deliver meals to the community clients. Mileage will be reimbursed; willing to provide a police check.

Monday – Friday, 11 am – 1 pm (2 hours a week)

- **Friendly Visitor**

While visiting the elderly, engage in friendly conversations and leisure activities; willing to provide a police check; **1 hour per week within office hours**

- **Friendly Shopper**

Help seniors buy their grocery items on weekdays. (1 ½ hours per week)

- **Day Program Assistant**

Assist staff with social and recreational activities for clients; help escort clients to and from the Program Area.

Whole Day shift: 9 am – 3 pm Morning: 9 am – 12 pm Afternoon: 12 pm – 3 pm

- **Food, Beverages & Hospitality Assistant**

Help set tables, serve food and beverages, and greet clients in our Centre's restaurant.

Monday to Saturday: Lunch shift: 11 am – 2 pm Dinner shift: 4:30 pm – 7:30 pm

4. 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 _____ (*volunteer's name*), who is under the age of 18 years, to volunteer at Senior Persons Living Connected. I recognize that unless my permission to volunteer is granted, the insurance policy of Senior Persons Living Connected will prohibit the involvement of _____ (*volunteer's name*) as a volunteer.

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____

Date: _____

5. VOLUNTEER CONTRACT and CONFIDENTIALITY AGREEMENT:

I agree to serve as a volunteer and commit to the following:

1. To perform my volunteer 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 and staff in both word and deed.
5. To fulfill my responsibilities while always ensuring the safety of clients, volunteers and staff.
6. To understand and abide by the Volunteer Policy.
7. To give a minimum of 2 weeks' notice before I resign, and to return my volunteer 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 or volunteers

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. 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:



Senior Persons Living Connected Reference Form

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

Senior Persons Living Connected 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?

When is the best time to reach you: _____

Signature: _____