



## ST. MICHAEL'S LONG TERM CARE CENTRE ADULT VOLUNTEER APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell and/or Work: \_\_\_\_\_

May we contact you at your place of work? Yes  No

Contact in case of emergency: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about us: \_\_\_\_\_

Have you volunteered for St. Michael's before: \_\_\_\_\_

If so, when & where: \_\_\_\_\_

### SKILLS

Languages Spoken: English   Other(s): \_\_\_\_\_

Please state any special skills, training, and/or education that may be applicable to volunteer opportunities at St. Michael's Long Term Care Centre in Edmonton:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience with seniors? Yes  No

Have you "volunteered" before: Yes  No  If yes where: \_\_\_\_\_

Please describe your past volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you prepared to make a regular commitment? Yes  No

If so, indicate length of time you would consider: \_\_\_\_\_

### VOLUNTEER WORK DESIRED

Recreational Activities  Bingo/Games  Social Events   
Church Service Portering  Craft Activities  Therapeutics Portering   
Clerical/Office Work  General Visitation  Food Services   
Out-Trips/Shopping  Pastoral Care  Other: \_\_\_\_\_

### AVAILABILITY

Please Specify Times	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Mornings							
Afternoons							
Evenings							

**INTERESTS & HOBBIES**

Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

“I agree to abide by St. Michael’s Health Group’s Rules and Regulations and to keep all information confidential. I understand that a background/police check is required prior to commencing volunteer work. I know of no medical reason why I should not volunteer in this Centre.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFERENCE AUTHORIZATION**

“I authorize St. Michael’s Health Group to obtain character reference information from the persons listed below under the assurance that the information provided will remain completely *Confidential* and will be kept by authorized staff.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference No. 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(e.g. Employer, supervisor, friend, clergy)

**Reference No. 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(e.g. Employer, supervisor, friend, clergy)

**CONSENT, AUTHORIZATION & RELEASE**

“I hereby give my consent to St. Michael’s Health Group to photograph, videotape or record me and/or my participation in their program activities, in any manner available. I transfer and release ownership of all such material to St. Michael’s Health Group as their exclusive property and as their copyright material to use as they see fit. I understand & agree that I will not ever receive any compensation for the use of such images and/or materials”.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_