ST. MICHAEL'S LONG TERM CARE CENTRE
JUNIOR VOLUNTEER APPLICATION

GENERAL INFORMATION:

Name: ____

Address:____

____

___________________________________ Postal Code: __________________

Telephone: Home: ____________________ Cell:_____________________________

School: _____________________________________Grade: _________________

How did you learn about us: ____

CONTACT IN CASE OF EMERGENCY:

Name: _____________________________ Relationship:__________________

Cell #__________________ Home #________________ Work #__________________

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 may be required prior to commencing volunteer work. I know of no medical reason why I should not volunteer in a Long Term Care Centre.

Signature: ______________________________ **Date:** ______________________________

PARENTAL CONSENT

"I, the parent ☐ / guardian ☐, will allow __________________________________(the applicant) to volunteer at St. Michael's Long Term Care Centre and 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 of Parent/Guardian: ____________________ **Date:** ______________________

Reference No. 1:

Name: ____

Address:____
____
____ Postal Code: _____________________

Phone No.: Home: __________Work:___________ Relationship: ____________________
(eg. Employer, supervisor, friend, clergy)

Reference No. 2:

Name: ____

Address:____
____
____ Postal Code: _____________________

Phone No.: Home: __________Work:___________ Relationship: ____________________
(eg. Employer, supervisor, friend, clergy)

CONSENT, AUTHORIZATION & RELEASE (by Parent/Guardian)

"I hereby give my consent to St. Michael's Health Group to photograph, videotape or record _____________________ (the applicant) and/or any 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:**______________________________