



## Volunteer Application Form

At Parkwood Seniors Community, we seek to nurture the mind, body and spirit of residents through a culture of kindness, building 'a community for all'. We are a charitable, non-profit, faith-based, accredited (CARF 2018) organization comprised of 214 independent living apartments and condominiums, 46 retirement residential suites with assisted living services and an 84-bed long-term care home.

For Office Use Only		
<input type="checkbox"/> Regular <input type="checkbox"/> Student _____ school/program <input type="checkbox"/> Staff/Resident	Start Date:	
	Position:	
	Day/Time/Hours:	
	Supervisor:	
<input type="checkbox"/> Police check <input type="checkbox"/> References <input type="checkbox"/> Parental Consent <input type="checkbox"/> TB Results <input type="checkbox"/> Fully vaccinated against COVID-19		
<input type="checkbox"/> Name tag <input type="checkbox"/> Database <input type="checkbox"/> Education <input type="checkbox"/> Orientation		

Date: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Spoken language(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Transportation: :  Public     Own    OPTIONAL: Birth date (day/month): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How did you hear about Parkwood Seniors Community? \_\_\_\_\_

Previous volunteer and/or related experience: \_\_\_\_\_

*If you require accommodations throughout the recruitment, selection and assessment process, per the Accessibility for Ontarians with Disabilities Act 2005, please connect with the Volunteer Coordinator at Parkwood Seniors Community who will be pleased to support you.*

Special skills, training, interests or hobbies: \_\_\_\_\_

\_\_\_\_\_

How is volunteering meaningful to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am able to volunteer (specify times if necessary):**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b>							
<b>PM</b>							

**Length of Volunteer Commitment:** \_\_\_\_\_

**Volunteer Opportunities:** (Opportunities may exist in LTC, Retirement or Centre)

<input type="checkbox"/> Diningroom assistant	<input type="checkbox"/> Friendly visitor
<input type="checkbox"/> Coffee shop assistant	<input type="checkbox"/> Exercise assistant
<input type="checkbox"/> Pastoral care visitor	<input type="checkbox"/> Palliative care visitor
<input type="checkbox"/> Hair Salon & Spa assistant	<input type="checkbox"/> Office assistant
<input type="checkbox"/> Activities/events assistant	<input type="checkbox"/> Walking with residents
<input type="checkbox"/> Reading to residents	<input type="checkbox"/> Portering
<input type="checkbox"/> Music / Entertainment: <input type="checkbox"/> Singing <input type="checkbox"/> Playing an instrument <input type="checkbox"/> Drama	
<input type="checkbox"/> Crafts: <input type="checkbox"/> Knitting <input type="checkbox"/> Pottery <input type="checkbox"/> Painting <input type="checkbox"/> Quilting	
<input type="checkbox"/> Activities: <input type="checkbox"/> Baking <input type="checkbox"/> Gardening <input type="checkbox"/> Other:	
<input type="checkbox"/> Games: <input type="checkbox"/> Scrabble <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Billiards <input type="checkbox"/> Bingo <input type="checkbox"/> Wii <input type="checkbox"/> Other:	
<input type="checkbox"/> Cards: <input type="checkbox"/> Bridge <input type="checkbox"/> Euchre <input type="checkbox"/> Solo <input type="checkbox"/> Other	
<input type="checkbox"/> Discussion Group: <input type="checkbox"/> Current events <input type="checkbox"/> Bible study <input type="checkbox"/> Travelogue <input type="checkbox"/> Men's group	
<input type="checkbox"/> Special events: <input type="checkbox"/> Movies <input type="checkbox"/> Tea/Dinner <input type="checkbox"/> Devotion services <input type="checkbox"/> Men's group	
<input type="checkbox"/> Other:	

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**What type of work are you interested in doing? Check all that apply:**

- One-to-one with single resident
- One-to-one with more than one resident
- Working in a small group setting leading a program
- Working in a small group setting assisting a staff leader
- Other interests: \_\_\_\_\_

### References

Please provide names and telephone numbers of three references (other than friends or family):

1. Name: \_\_\_\_\_ Tel/Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel/Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Tel/Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

I give permission for Parkwood Mennonite Home to contact the persons named as references to ascertain my suitability as a volunteer at Parkwood Mennonite Home.

I also certify that all information given in this application is correct and that any falsified information could lead to my termination as a volunteer with Parkwood Mennonite Home.

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

**All information will be kept in the strictest confidence.**

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