

# Volunteer Application

## Requirements to Volunteer:

- Minimum of 16 years old, twelve (12) month commitment, at least once per month,
- Volunteers are required to participate in the facility orientation before volunteering,
- All Volunteers must provide a clear criminal record check completed within the last ninety (90) days,
- Volunteers are expected and held accountable to protect confidential information, such as the names of residents they volunteer with, staff members, and business information they may be exposed to, and
- Father Lacombe Care Society has a duty to protect residents, families, staff, and volunteers from contagious illnesses. For this reason we require our volunteers to get the annual influenza vaccine (flu shot).

## PERSONAL INFORMATION (Please Print)

First Name:	Last Name:	Middle:
Primary Phone:	Secondary Phone:	Postal Code:
Current Address:		City:
Email address:		
Current Occupation (or School):		

## EXPRESSION OF INTEREST

<input type="checkbox"/> 1:1 Visitations	<input type="checkbox"/> Recreational Programs	<input type="checkbox"/> Meal Assistance	<input type="checkbox"/> Pastoral/Spiritual Care
<input type="checkbox"/> ADP Program (FLCC Only)	<input type="checkbox"/> Gift Shop (FLCC Only)	<input type="checkbox"/> Appointment Escorts	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> Special Events	<input type="checkbox"/> Anything!	Other: (Please Specify)	

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Weekly								
<input type="checkbox"/> Monthly	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flexible	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-Call/As needed	Late Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If volunteering for Pastoral/Spiritual/Palliative Care, please explain qualifications, experience, and/or training.

## REFERENCES

Reference #1 Name:		Relationship:	
Phone #:		Years Known:	
Reference #2 Name:		Relationship:	
Phone #:		Years Known:	
Reference #3 Name:		Relationship:	
Phone #:		Years Known:	

**BACKGROUND INFORMATION**

How did you hear about volunteering with us?

Do you have any relatives or friends currently employed here?  Yes  No

Name of Relative(s) or Friend(s):

Have you previously worked or volunteered at Father Lacombe or Providence Care Centre's?  Yes  No

If "yes" please list what position, unit/neighborhood, and reason for leaving:

Why are you interested in volunteering here?

What special skills, talents, or gifts do you offer?

**CONSENT and AUTHORIZATION – By signing below you authorize a member of FLCS to contact the above references.**

1. I understand I must pass a screening process (reference check and security clearance) prior to being accepted as a registered volunteer.
2. I will honour my time commitment and carry out my duties to the best of my ability.
3. I will notify my facility contact and/or supervising staff member of any necessary absence as far in advance as possible as required in my program area.
4. Resident information is confidential. I will not discuss with anyone outside my volunteer assignment.
5. I will be committed to be a volunteer for not less than 12 months and will notify my facility contact prior to leaving.

Volunteer Signature Parent Signature  
(If under 18 Yrs.)