

VOLUNTEER APPLICATION

At *Saint Vincent's Nursing Home* our mission is to provide quality care and services in a home-like atmosphere.

We are dedicated to fostering a nurturing environment for residents, family, employees, physicians, volunteers, and students; one that recognizes their physical, emotional, social, spiritual, and cultural needs. We respect the aging process and support our residents' right to make choices.

In keeping with this mission and the expressed needs of the community, *promoting quality of life* is the cornerstone of all care, services and programs.

Applicants should consider the following prior to applying for a position:

- Do I believe in the *dignity*, *worth* and *uniqueness* of every person?
- Do I believe in the *respectful* and *individual treatment* of each person?
- Can I contribute to the *compassionate care* in a home-like and nurturing environment?
- Am I willing to learn from and work with other people?

If the answers to these are yes, please help us find the most satisfying and appropriate volunteer service for you by providing some information on yourself. **PLEASE PRINT**

PERSONAL INFORMATION

Name : _____
Last First Middle

Address: _____
No. Street City Postal Code

Phone : _____
Day Evening Cell

Email : _____

In case of emergency, who should we contact?

Name Relationship Phone Number

Academic Status: FT PT School/Program: _____

Employment Status: FT PT Casual Work at home
 Retired Other: _____

EXPERIENCE

We value both tradition and nontraditional education and paid and unpaid work experiences that have helped you develop the skills and knowledge to be a volunteer. Please tell us about your background.

Current / Past Work Experience or Academic History: _____

Current / Past Volunteer Experience (include and Nursing Home or Senior related experience):

Special skills, Training, Interest or Hobbies: _____

Languages Spoken: _____

Reason for Volunteering at Saint Vincent's: _____

How did you hear about Volunteering at Saint Vincent's?: _____

OPPORTUNITIES AND AVAILABILITY

What kinds of activities are you most interested in?

Please check all that apply (description is available at www.svnh.ca, or by request):

- | | |
|--|--|
| <input type="checkbox"/> Chapel (Pastoral Care) | <input type="checkbox"/> Meal Companion |
| <input type="checkbox"/> Eucharist Minister (Pastoral Care) | <input type="checkbox"/> Physiotherapy Aid |
| <input type="checkbox"/> Lector (Pastoral Care) | <input type="checkbox"/> Recreation Therapy Programs |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Escorting residents to Appointments | |

How many hours per week _____ or per month _____ would you like to volunteer?

I am available to start volunteering on this date: _____

I am available until this date: _____ (leave blank if unknown)

Please provide the times you are available to volunteer according to your usual schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

CHARACTER REFERENCES

Please provide two references we may contact (one professional or academic and one personal):

Name: _____ Daytime Phone: _____

Relationship to you: _____

Name: _____ Daytime Phone: _____

Relationship to you: _____



A criminal record check must be submitted with this application. This form should be obtained from the front desk at Saint Vincent’s or from www.svnh.ca and submitted to the Halifax Regional Police Department or the RCMP. There is a cost of \$30.00 for the check service which is payable when you submit the form to the RCMP or Police. Volunteers who complete 40 hours of volunteer time at Saint Vincent’s will be reimbursed the cost.

Volunteer placement is made on the basis of the program requirements, the skills and experience of the applicant, and successful reference checks. Saint Vincent’s may need to collect personal information appropriate to the position(s) applied for concerning academic background and employment/volunteering history, and to verify the character references supplied. The personal information you choose to provide will be protected and used only for the purpose identified. Saint Vincent’s adheres to the Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act. Our Privacy Policy is available at www.svnh.ca or by request.

By signing below, I certify that all statements made in this application are true and correct.

Applicant’s Signature: _____ Date: _____

The Parent or Guardian of any volunteers **under 16 years of age** must sign below consenting to the participation of their son or daughter in the Volunteer Program.

Parent/Guardian Signature: _____ Date: _____

SVNH USE ONLY

Date Application Received _____ Date Criminal Record Check Received: _____