



## 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](http://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](http://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](http://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: \_\_\_\_\_

\\Forms\Section V\Volunteer Application – Updated April 2008