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Web: www.svnh.ca

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, quality of life through compassionate and innovative care 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 <u>dignity</u>, <u>worth</u> and <u>uniqueness</u> of every person?
- Do I believe in the *respectful* and *individual treatment* of each person?
- Can I contribute to the <u>compassionate care</u> 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*

PERSON	AL INFOR	MATION				
Name:						
	Last		First		Middle	
Address:						
	No. Street		City		Postal Code	
Phone:						
	Day		Evening		Cell	
Email:						
		who should we				
Name		Re	Relationship		Phone Number	
Academic	Status:	□ FT	□ PT Sc	hool/Program:_		
Employm	ent Status:	☐ FT ☐ Retired		□ Casual	☐ Work at home	

EXPERIENCE					
We value both tradition and nontraditivou develop the skills and knowledge		d paid and unpaid work experiences that have helped Please tell us about your background.			
Current / Past Work Experience or	Current / Past Work Experience or Academic History:				
Current / Past Volunteer Experienc	e (include and Nu	ursing Home or Senior related experience):			
Special skills, Training, Interest or I	Hobbies:				
Languages Spoken:					
Reason for Volunteering at Saint Vincent's:					
How did you hear about Volunteering at Saint Vincent's:?:					
		_			
OPPORTUNITIES AND AVAIL	ABILITY				
What kinds of activities are you most Please check all that apply (description		ww.svnh.ca, or by request):			
☐ Chapel (Pastoral Care) ☐ Eucharist Minister (Pastoral Care) ☐ Lector (Pastoral Care) ☐ Palliative Care ☐ Friendly Visits ☐ Escorting residents to Appointment	s	 ☐ Meal Companion ☐ Physiotherapy Aid ☐ Recreation Therapy Programs ☐ Arts & Crafts ☐ Other: 			
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	al or academic and one personal):			
Name:	Daytime Phone:			
Relationship to you:				
Name:	Daytime Phone:			
Relationship to you:				
AAA				
A criminal record check is required prior to becoming a volunteer. You must obtain a letter on Saint Vincent's Nursing Home letterhead to submit to the Halifax Regional Police Department or RCMP to apply for the criminal records check and, if applicable, the vulnerable sector check. The SVNH Volunteer Coordinator will provide you with the appropriate letter. 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 I	Record Check Received:			
\Forms\Section V\Volunteer Application – Updated April 2008				