



Albright Manor Volunteer Application

Office Use Only

VOL ID : _____

Orientation Date: _____

Assigned Duty: _____

Name:	Date:
Birthdate:	
Address:	
Preferred Contact Number:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email Address:	
Emergency Contact:	Phone:
<input type="checkbox"/> Retired <input type="checkbox"/> Present Occupation:	

Are you Volunteering as an Education Requirement? Yes No

IF YES—please complete the below details:

School: _____ Program/Grade: _____

Co Op Teacher Name: _____ Phone #: _____

Number of Hours Required: _____ Date of Completion: _____

Do you have previous experience with the senior population? Yes No

Please explain what type of experience you have, or elaborate on why you'd like to volunteer with the senior population:

Availability—Please check all that apply ✓

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10am to 12pm							
Afternoon 12pm to 4pm							
Evening 4pm to 630pm							

Interests/ Special Skills: *Check all that apply*

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Music/ Singing	<input type="checkbox"/> Horticulture/ Gardening
<input type="checkbox"/> Computers/ iPads	<input type="checkbox"/> Dancing	<input type="checkbox"/> Serving (Food & Drinks)
<input type="checkbox"/> Reading	<input type="checkbox"/> Knitting/Crocheting	<input type="checkbox"/> Playing an Instrument : _____
<input type="checkbox"/> Writing	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other Interests:
<input type="checkbox"/> Sports	<input type="checkbox"/> Organizing	
<input type="checkbox"/> Exercise	<input type="checkbox"/> Storytelling	
<input type="checkbox"/> Conversation	<input type="checkbox"/> Nature Walks	

Areas of Interest—*Please check all that apply*

Administration		Recreation Programming		Nursing/ Support Services
<input type="checkbox"/> Mail Delivery	<input type="checkbox"/> Ticket Selling	<input type="checkbox"/> Craft Room Asst.	<input type="checkbox"/> Friendly Visitor	<input type="checkbox"/> Meal Time Partner
Housekeeping/ Laundry		<input type="checkbox"/> Special Event Asst.	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Bed Maker
<input type="checkbox"/> Labelling	<input type="checkbox"/> Delivery	<input type="checkbox"/> Program Assistant	<input type="checkbox"/> Pet Visiting	<input type="checkbox"/> Nutrition Cart

Vulnerable Sector Police Clearance

In Recognition of the trust inherent in serving vulnerable adults, a police records check is required prior to training and the commencement of any volunteer duties if you are **18 years of age or older**.

- I have a current VS Police Clearance (within the past 6 months)
- I will order a new VS Police Clearance (Referral letter will be sent from Albright)
- This does not apply to me, I am younger than 18 yrs.

References

#1 Reference Name:	Relationship to Applicant:	Phone Number:
#2 Reference Name:	Relationship to Applicant:	Phone Number:

Authorization for Collection of Personal Information

I, _____ (please print name),
 authorize Albright Manor to collect personal information appropriate to the volunteer job applied for and verify character references I have supplied. I understand that the information obtained will be confidential to the Albright Manor Organization.

Date: _____ Signature: _____

Please note that all volunteer positions are accompanied by mandatory online education as well as in person orientation on site to ensure proper understanding, safety and best practices are used when working within your volunteer role. We want to ensure this is a positive and meaningful experience for both the residents and yourself!

**Completed Applications can be submitted to Katelyn Ward at
 katelyn.ward@albrightcentre.ca**