



Naritta Divjak
Volunteer Coordinator
The Wellington
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Volunteer Application Form

GENERAL INFORMATION

Last Name:	First:	Initials:	Birth Date
Street Address:		Apartment/Unit #:	
City:	Prov.:	Postal Code:	
Home Phone:	E-mail Address:		
Cell Phone:			Sex:
Languages spoken other than English:			

EMERGENCY CONTACT PERSON

Name:	Relationship:
Home Phone:	Business/Cell Phone
Family Doctor:	Phone:

EDUCATION & WORK HISTORY

Are you currently in school? YES NO FULL TIME PART TIME

Last School Attended:	Current Grade
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PLEASE PROVIDE TWO PERSONAL OR PROFESSIONAL REFERENCES

Name:	Relationship:
Phone:	Email Address:
Name:	Relationship:
Phone:	Email Address:

PREVIOUS VOLUNTEER EXPERIENCE

Volunteer Location:
Community Involvement:

INFORMATION

What are your reasons for volunteering at The Wellington?

- School Requirement
 General Interest in Seniors
 Co-op Placement
 To help people
 Career Path
 Other _____

How did you hear about volunteer opportunities at the Wellington?

- Volunteer
 Passing by the home
 Volunteer Hamilton
 Wellington Staff
 School
 Newspaper/Magazine Ad
 Other _____

Length of Commitment:

- Ongoing
 6 months or less
 1 year
 Until my 40 hours are completed
 Summer & Holidays

Please check off the areas that are of interest to you:

- One to one friendly visits
 Special Events
 Palliative Care Visits
 Feeding
 Arts
 Pastoral Visits (Spiritual)
 Recreation Programs
 Outings
 Music (play an instrument)
 Gardening
 Administrative Duties
 Computers
 Knitting
 Sewing

Which side of the home would you like to volunteer in?
 Nursing Home
 Retirement Home
 No Preference

AVAILABILITY

Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve

VOLUNTEER REQUIREMENTS

1. Current Criminal Reference Check (18 yrs of age or over & within the last 6 months)
2. Current 2 Step TB Test Screening (TST Mantoux)
3. Proof of 2 Doses of MMR Vaccine or Documentation of Serology for Measles IgG
4. Interview

Please Note:

1. Volunteers must be 14 years of age or older. Volunteers under the age of 16 require a parent's signature
2. All volunteers will be interviewed by the Volunteer Coordinator prior to commencement of volunteer duties.
3. Volunteers over 18 years of age are required to obtain and submit a copy of a current & successful Criminal Reference Check.
4. If you have not had a Two Step TB test within the past year, you are required to have a two step TB test completed at a doctor's office
5. Letters of Reference will be provided upon request to volunteers who have contributed a minimum of 40 hours of service.
6. If you have not had the flu shot this year it is highly recommended to do so.
7. All volunteer applications are reviewed and will be contacted within 6 weeks depending on volume of applicants.

DISCLAIMER AND SIGNATURE

I certify that the above statements are true and complete to the best of my knowledge.

I understand that false or misleading information in my application will be grounds for dismissal from volunteering.

Signature

Date