



Miranda Gamelin
Volunteer Coordinator
The Wellington
(905) 385-2111 ext 112

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 Level:
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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

ACCESSIBILITY

For those with disabilities please notify us if you require accessible accommodation and/or support. YES ☐ NO ☐

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"/>
Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve	Am	Pm	Eve

VOLUNTEER REQUIREMENTS

1. Criminal Reference Check (18 yrs of age or over)
2. 2 Step TB Test
3. Interview
4. Orientation

Please Note:

1. Volunteers must be 16 years of age or older.
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 at the Wellington.

Signature	Date
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