

# CapitalCare Volunteer Application

## Personal Information

Please Print

Name: \_\_\_\_\_  Mr.  Ms.  Mrs.  Miss  
Last Name First Name

Address: \_\_\_\_\_  
City Province Postal Code

Telephone: ( \_\_\_\_\_ ) - \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_ ( \_\_\_\_\_ ) - \_\_\_\_\_  
Home Cell Work

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Employed:  Full time  Part time  Employer: \_\_\_\_\_  No  Retired

Student in:  Jr. High  High School  Post Secondary School Name: \_\_\_\_\_  N/A

Are you volunteering to fulfill a requirement of another program?  Yes, Required Hours: \_\_\_\_\_  No

## Skills and Interests

Present or Former Occupation: \_\_\_\_\_

Hobbies, Special Interests, Skills: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If known, which positions are you interested in? 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Availability

Please indicate your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Length of Commitment:  3-6 Months  On-going  From: \_\_\_\_\_ To: \_\_\_\_\_

## How did you hear about our volunteer program?

Brochure  Poster  CapitalCare Website  Internet  Self-Referral  School  Friend/Relative

If you were referred, who referred you? Name \_\_\_\_\_ Telephone \_\_\_\_\_

**CapitalCare Relationships**

Are you related to any CapitalCare residents or employees?

 Yes No Resident Employee

Name: \_\_\_\_\_ Centre: \_\_\_\_\_

Have you previously volunteered with CapitalCare?

 Yes No

Centre: \_\_\_\_\_ Approximate Date: \_\_\_\_\_

**Additional Information**

Please feel free to add additional comments or information that you feel may be of importance:

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**Authorization for the Release of Information**

I declare that all statements on this application are, to the best of my knowledge, accurate statements of fact. It is understood that any false statements will be sufficient reason for my dismissal. I understand that my eligibility to volunteer is contingent upon satisfactory Police Information Check and references. In addition, if selected, I agree to abide by the guidelines, policies and procedures of Volunteer Services. My signature also authorizes CapitalCare to check past employers and volunteer history.

**Collection and Storage of Volunteer Information**

Volunteer Services of CapitalCare collects personal information about volunteers. This information is collected through varied processes which may include; application, reference letters, interviews, Police Information Check, and evaluations. The information is stored in files and on a computerized database and is accessed only by those persons who require access in the performance of their duties. This information is used solely for the purpose of selecting, matching, and referring volunteers to appropriate assignments, recognizing volunteers and for communication purposes. It is collected under section 34(1) of the Freedom of Information and Protection of Privacy Act. If you have any questions about any of the information we ask for, why it is necessary and how it is used, please talk to the Coordinator of Volunteer Services or designate.

**Consent and Release for Photography**

Do you consent to the release of photographs, video or other visual aids that you may be pictured in to be used for recognition or promotional purposes? You will be able to view these items prior to publication, if desired.

 Yes  No

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 16-years-old): \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for applying to volunteer with CapitalCare.  
Volunteers enhance the quality of life of our residents, elders and clients.**