

# VOLUNTEERING AT THE ALLEN GRAY CONTINUING CARE CENTRE

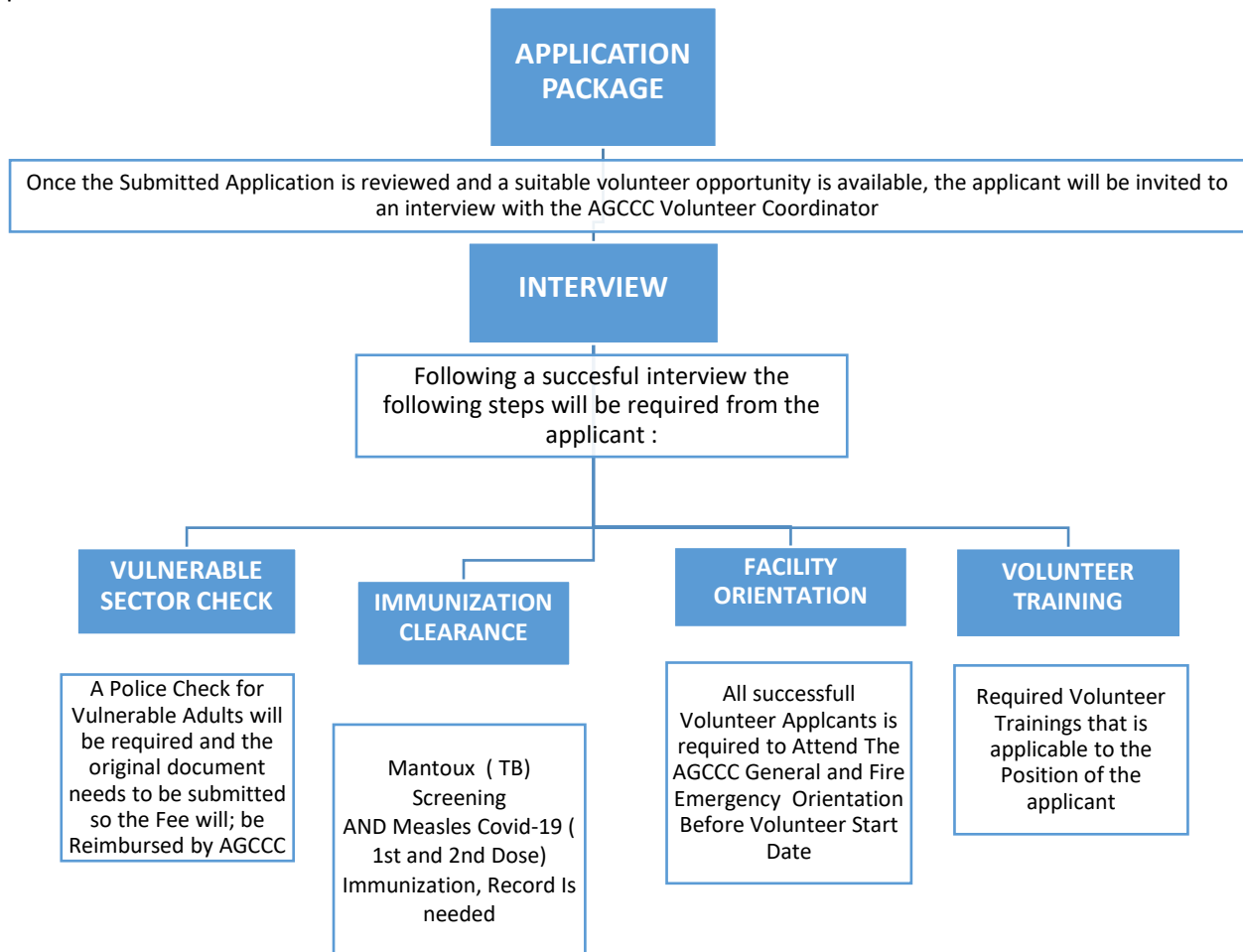
Thank You For Your Interest in Volunteering At The Allen Gray Continuing Care Centre!

Volunteering at our facility is a great way of being involved your community in a rewarding way.

Becoming a volunteer involves significant time and resources from you and the organization. For this reason we ask that all volunteers to consider a long term commitment to the program and maintain a regular volunteer schedule.

Volunteers are selected and placed according to the needs of the organization and the interests, skills availability and suitability of each applicant. Due to the nature of work in our organization, there are limited volunteer opportunities on evening and weekends.

The diagram below outlines the steps to become a volunteer – it can take a few weeks to complete the process.



Upon Successful completion of the following steps, the Applicant will now be able to start as An Allen Gray Volunteer.

We continually accept as many applicants as possible however, due to the volume of applications we receive we are not able to guarantee a placement for everyone and only those applicants selected for an interview will be contacted.



# VOLUNTEER APPLICATION FORM

**For Official Record Use Only Please Do Not fill Up this Portion:**  
 Volunteer ID Number : AGV \_\_\_\_\_  
 Police Check Receive Date : \_\_\_\_\_  
 Application Approval Date: \_\_\_\_\_  
 Orientation Date Completed : \_\_\_\_\_  
 Official Start Date : \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

**PERSONAL INFORMATION**

**TYPE OF REGISTRATION :**  
 Adult ( 18 years old or older )     Youth

Mr.             Ms.             Mrs.

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**MOBILE PHONE NUMBER:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PREFERRED METHOD OF CONTACT:** \_\_\_\_\_

**EMPLOYMENT STATUS:**  
 Employed     Retired     Unemployed ( seeking employment )  
 Post Secondary Student     High School Student     Jr. High School

**Are You a Canadian Citizen or A Permanent Resident?**  Yes     No

**Are You Legally entitled to work in Canada?**  Yes     No

**Will You Be Receiving academic credits for your volunteer work ?**  Yes  No  
**If Yes:** What is your Required Number of Hours: \_\_\_\_\_  
 Date to be Completed By: (yyyy-mm-dd) \_\_\_\_\_

**What type of volunteer opportunity are you interested in?**  
 Resident Support     Friendly Visitor     Pet Therapy     Fundraising  
**Facility Department Support :**  
 Recreation     Food Services     Laundry/Linen     Adult Day Support     Lodge  
 Pastoral Care     Childcare Centre     Entertainment     Beauty Salon

**VOLUNTEER EXPERIENCE**  
( Please List The Most Recent )

Name of Organization	Responsibilities	From (yyyy-mm)	To (yyyy-mm)

**EMPLOYMENT HISTORY**  
( Please List The Most Recent )

Employer Name	Responsibilities	From (yyyy-mm)	To (yyyy-mm)

**Volunteer Applicant's Name:** \_\_\_\_\_

**AVAILABILITY AND COMMITMENT**

I am available to volunteer:

Time / Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**I am able to make the following Volunteer Commitment : ( please select one )**

\_\_\_\_ shifts every month  
 \_\_\_\_ shifts for the year

**For How Long Do you Plan Being Involved in Our Volunteer Program :**

\_\_\_ Years \_\_\_ Months or No. of Shifts \_\_\_\_

Indicate the skills and experience you want to offer ( check all that apply )

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arts and Crafts        | <input type="checkbox"/> Interpretive Visitation       | <input type="checkbox"/> Musical Ability       |
| <input type="checkbox"/> Cash Handling          | <input type="checkbox"/> Foreign Language Spoken _____ | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Computer Skills        | _____  | <input type="checkbox"/> Photography           |
| <input type="checkbox"/> Childcare Skills       | <input type="checkbox"/> Elderly Care                  | <input type="checkbox"/> Food Services         |
| <input type="checkbox"/> Fundraising experience | <input type="checkbox"/> Public Speaking               |  |

Others (Please specify) : \_\_\_\_\_

Indicate your main reason for volunteering ( check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academic Credit              | <input type="checkbox"/> Help Others                   | <input type="checkbox"/> Share a skill or Talent  |
| <input type="checkbox"/> Church/Religious Requirement | <input type="checkbox"/> Increase Self confidence      | <input type="checkbox"/> Social Interaction       |
| <input type="checkbox"/> Employment Experience        | <input type="checkbox"/> Learn New skills              | <input type="checkbox"/> Stay Active and Involved |
| <input type="checkbox"/> Practice English Skills      | <input type="checkbox"/> Explore Career in Health Care | <input type="checkbox"/> Other: _____             |

Please Provide any information that you would like us to consider when determining your volunteer placement. Please include information regarding specific disability (including physical or intellectual problems), or health concerns that may affect your volunteering.

**EMERGENCY CONTACT INFORMATION**

Primary Contact		Relationship :
Mobile Phone		Home /Work Phone:
Email		

Volunteer Applicant's Name: \_\_\_\_\_

<b>VOLUNTEER AGREEMENT</b>	
<ul style="list-style-type: none"> <li>I understand that the AGCCC Volunteer Services has the right to accept or not accept volunteer applicants, and that only those applicants selected for an interview will be contacted.</li> <li>I will adhere to the policies, procedures and guidelines outlined by the AGCCC Volunteer Services.</li> <li>I understand that I need to log in and out of the AGCCC Volunteer Log sheet volunteer badge must be worn when volunteering and returned at the end of volunteer services for the day.</li> <li>I understand that the AGCCC Volunteer Services will keep a record of my personal information and that it will remain confidential.</li> <li>I understand that the AGCCC may need to share my contact information with other AGCCC Managers in order to facilitate my Volunteer Placement.</li> <li>I agree to have my photograph taken for identification and media purposes.</li> <li>I agree to receive communications (paper or electronic) from the AGCCC Volunteer Services</li> <li>I understand that the personal cell phone use should be kept to a minimum when volunteering.</li> <li>I understand that the AGCCC Volunteer Services has the right to dismiss a volunteer from the volunteer program if, by proper investigation, their continuance in the volunteer program could be detrimental to the organization.</li> <li>I understand that three absences without notice or repeated tardiness may be cause for dismissal.</li> </ul>	
<b>Signature</b>	<b>Date (yyyy-mm-dd)</b>
<b>Authorization and Acknowledgement</b>	
<ul style="list-style-type: none"> <li>I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and volunteer status maybe immediately revoked by Allen Gray Continuing Care Centre's Volunteer Services at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.</li> <li>I authorize the AGCCC Volunteer Services to contact individuals or organizations I have name on this application to obtain further information that would assist with my placement as a volunteer.</li> </ul>	
<b>Signature</b>	<b>Date (yyyy-mm-dd)</b>
<b>PARENTAL CONSENT ( For Applicants Under 18 Years of Age )</b>	
<p>I give my permission for _____ (name of minor applicant) to volunteer at the Allen Gray Continuing Care Centre. I have Reviewed this application package and understand that volunteering requires a commitment on the part of my child / dependent including regular attendance, appropriate conduct and adherence to organizational policies and procedures.</p>	
<b>Name of Parent / Guardian:</b>	
<b>Signature of Parent/Guardian</b>	<b>Date (yyyy-mm-dd)</b>

The Personal Information collected by this application form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used and disclosed by Allen Gray Continuing Care Centre's Volunteer Services for verifying the Statements in this application and for determining an appropriate placement as a volunteer.

Volunteer Applicant's Name: \_\_\_\_\_



### REFERENCE CONSENT

This form is to authorize Allen Gray Continuing Care Centre Volunteer Services to request or provide employment reference checks. Please complete the Appropriate Section.

#### Permission to check your references

<p>I, _____ hereby consent Allen Gray continuing Care Centre's Volunteer Services to contact those employers and references uncovered during the course of the application process or reference check for the purpose of obtaining validation of experience, qualification and employment reference information, including information contained in my personnel file(s). I hereby authorize these persons to disclose such information as and such deemed necessary by AGCCC to validate my application and determine the accuracy of facts stated therein. This consent will be effective for one year after the signature date.</p>		
NAME (please print)	Signature	Date (yyyy-mm-dd)

#### Permission to provide reference for you

<p>In accordance with the Freedom of Information and Protection of Privacy Act ( Alberta)</p> <p>I, _____ hereby consent to the disclosure by Allen Gray Continuing Care Centre's Volunteer Services of my achievements and job performance at Allen Gray to my potential employers upon request from the potential employer for the purposes of providing employment references. This consent will be effective for one year after the signature date.</p>		
NAME (please print)	Signature	Date (yyyy-mm-dd)

The Personal Information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used and disclosed by Allen Gray Continuing Care Centre's Volunteer Services for employment of reference purposes..

# VOLUNTEER REFERENCE FORM

REFERENCE # 1

<p><b>Thank you for taking the time to complete this Reference Form</b></p> <p><b>Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References will be contacted for additional information</b></p>					
<b>Name Of Volunteer Applicant :</b>					
<b>REFERENCE INFORMATION</b>					
<b>REFERENCE NAME</b>					
<b>PRIMARY CONTACT NUMBER</b>					
<b>EMAIL ADDRESS</b>					
What is your relationship to the Applicant ( e.g teacher,employer)					
How well do you know the Applicant?					
<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Casually					
How long have you known the Applicant?					
<input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years					
<b>Please Rate the Applicant Accordingly:</b>					
	Poor	Fair	Good	Excellent	Not Sure
Reliability/ Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility / Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication / Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In which setting would the applicant work best?      Alone      Group      Either					
Would you recommend this applicant to volunteer at the Allen Gray Continuing Care Centre, knowing that he/she may not receive direct supervision?					
Other Comments about the applicant:					
Reference Signature:			Date (yyyy-mm-dd) :		

# VOLUNTEER REFERENCE FORM

## REFERENCE # 2

<p><b>Thank you for taking the time to complete this Reference Form</b>  <b>Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References will be contacted for additional information</b></p>							
Name Of Volunteer Applicant :							
<b>REFERENCE INFORMATION</b>							
<b>REFERENCE NAME</b>							
<b>PRIMARY CONTACT NUMBER</b>							
<b>EMAIL ADDRESS</b>							
What is your relationship to the Applicant ( e.g teacher,employer)							
How well do you know the Applicant? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Casually							
How long have you known the Applicant? <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years							
<b>Please Rate the Applicant Accordingly:</b>							
	<table border="0"> <tr> <td></td> <td>Poor</td> <td>Fair</td> <td>Good</td> <td>Excellent</td> <td>Not Sure</td> </tr> </table>		Poor	Fair	Good	Excellent	Not Sure
	Poor	Fair	Good	Excellent	Not Sure		
Reliability/ Punctuality	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Responsibility / Accountability	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Trustworthiness	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Self-Direction	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Communication / Interpersonal Skills	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Compassion for Others	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Respectfulness of Others	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
Adaptability	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>		
In which setting would the applicant work best?      Alone      Group      Either							
Would you recommend this applicant to volunteer at the Allen Gray Continuing Care Centre, knowing that he/she may not receive direct supervision?							
Other Comments about the applicant:							
Reference Signature:	Date (yyyy-mm-dd) :						

# VOLUNTEER REFERENCE FORM

## REFERENCE # 3

<p><b>Thank you for taking the time to complete this Reference Form</b></p> <p><b>Please note that references must have known the applicant for a minimum of one year and cannot be family members, friends or reside in the same household. References will be contacted for additional information</b></p>	
Name Of Volunteer Applicant :	
<b>REFERENCE INFORMATION</b>	
<b>REFERENCE NAME</b>	
<b>PRIMARY CONTACT NUMBER</b>	
<b>EMAIL ADDRESS</b>	
What is your relationship to the Applicant ( e.g teacher,employer)	
How well do you know the Applicant?	
<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Casually	
How long have you known the Applicant?	
<input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years	
<b>Please Rate the Applicant Accordingly:</b>	
	Poor      Fair      Good      Excellent      Not Sure
Reliability/ Punctuality	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Responsibility / Accountability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trustworthiness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Self-Direction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Communication / Interpersonal Skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Compassion for Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Respectfulness of Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adaptability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
In which setting would the applicant work best?      Alone      Group      Either	
Would you recommend this applicant to volunteer at the Allen Gray Continuing Care Centre, knowing that he/she may not receive direct supervision?	
Other Comments about the applicant:	
Reference Signature:	Date (yyyy-mm-dd) :