

VOLUNTEERING AT THE ALLEN GRAY CONTINUING CARE CENTRE

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

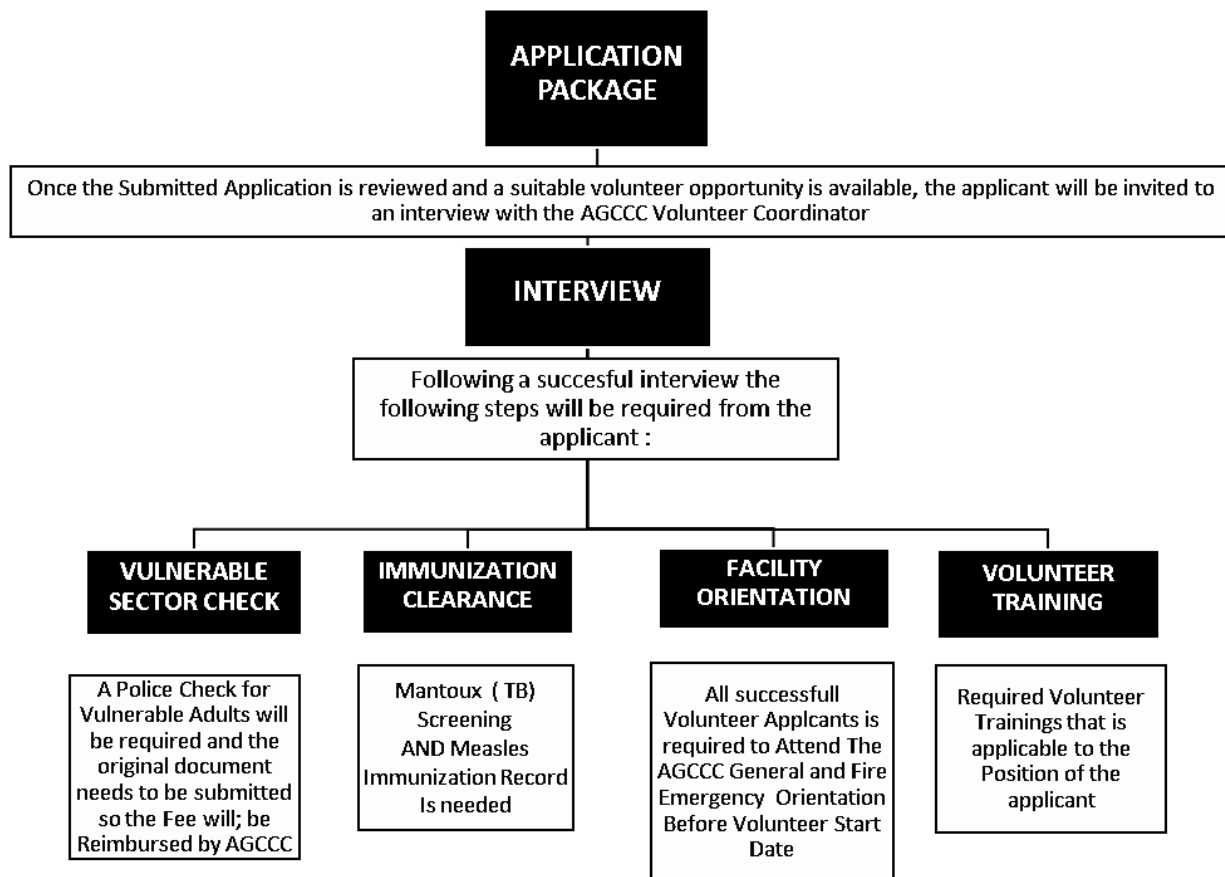
Volunteering at our facility is a great way of being involved your community in a rewarding way.

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

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

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



Complete All Sections of This Application Package And Return It In Person Or By Mail at

Volunteer Services Department
Allen Gray Continuing Care Centre
5005 28 Avenue NW
Edmonton, AB T6L 7G1

The Volunteer Coordinator Will Be Contacting You as soon as your application has been reviewed. 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
Morning							
Afternoon							
Evening							

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: _____

VOLUNTEER AGREEMENT	
<ul style="list-style-type: none"> 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. I will adhere to the policies, procedures and guidelines outlined by the AGCCC Volunteer Services. 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. I understand that the AGCCC Volunteer Services will keep a record of my personal information and that it will remain confidential. I understand that the AGCCC may need to share my contact information with other AGCCC Managers in order to facilitate my Volunteer Placement. I agree to have my photograph taken for identification and media purposes. I agree to receive communications (paper or electronic) from the AGCCC Volunteer Services I understand that the personal cell phone use should be kept to a minimum when volunteering. 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. I understand that three absences without notice or repeated tardiness may be cause for dismissal. 	
Signature	Date (yyyy-mm-dd)
Authorization and Acknowledgement	
<ul style="list-style-type: none"> 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. 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. 	
Signature	Date (yyyy-mm-dd)
PARENTAL CONSENT (For Applicants Under 18 Years of Age)	
<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>	
Name of Parent / Guardian:	
Signature of Parent/Guardian	Date (yyyy-mm-dd)

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 # 2

<p>Thank you for taking the time to complete this Reference Form</p> <p>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</p>	
Name Of Volunteer Applicant :	
REFERENCE INFORMATION	
REFERENCE NAME	
PRIMARY CONTACT NUMBER	
EMAIL ADDRESS	
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	
Please Rate the Applicant Accordingly:	
	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 # 3

<p>Thank you for taking the time to complete this Reference Form</p> <p>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</p>	
Name Of Volunteer Applicant :	
REFERENCE INFORMATION	
REFERENCE NAME	
PRIMARY CONTACT NUMBER	
EMAIL ADDRESS	
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	
Please Rate the Applicant Accordingly:	
	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) :