



For Volunteer Services Use ONLY

Date of interview:

VOLUNTEER APPLICATION FORM

Thank you for offering to volunteer your time and skills at The Erika Legacy Foundation. In order to facilitate the most appropriate volunteer placement for you, the following information would be helpful. Please ensure that all the questions are completed as fully as possible.

Name: _____ Date of birth: _____

Address: _____

City: _____ Prov.: _____ Postal code: _____

Home phone: _____ Business phone: _____ Email: _____

Cell phone: _____ Languages spoken: English French Other: _____

Emergency contact name: _____

Relationship: _____ Phone: _____

I am currently

- Employed full time part-time a student at _____ in grade/year _____
 Seeking employment a homemaker on disability retired
 Other (please specify) _____

Health issues we should be aware of: _____

Previous volunteer experience: _____

Relevant skills (e.g. sales, teaching, computers) _____ Relevant hobbies (e.g. fitness, gardening) _____

I PREFER TO WORK

- With adults with seniors alone 2-4 summer mths 6 mths 1 yr possibly more

I WILL COMMIT TO:

AVAILABILITY (Put if available, X if definitely not available? if maybe)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

I would like to give _____ hours per week on a regular basis irregular basis

I have a Police Records Check for Service with the Vulnerable Sector, done within the past 12 months

Briefly describe your current situation (studying, working full-time, part-time, on disability, etc.)

Why do you want to do volunteer work?

Why do you want to volunteer at The Erika Legacy Foundation?

PLEDGE OF CONFIDENTIALITY:

I understand and agree that in the performance of my duties as a volunteer at The Erika Legacy Foundation, I must hold patient information in strict confidence, revealing information only to those authorized to receive it. Further, I understand and agree that any violation of The Erika Legacy Foundation's policies on confidentiality may result in disciplinary action, including suspension from duties or immediate dismissal. I understand that I am required to attend a volunteer orientation session in a timely manner in order to enhance my understanding of the importance of confidentiality as well as maintaining appropriate boundaries.

If necessary, I agree to have references contacted by The Erika Legacy Foundation's Volunteer Services pursuant to the Freedom of Information Act.

Signature

Date

Personal information contained in this form is collected under The Erika Legacy Foundation's Policies and Procedures.

Police Records Checks for Service with Vulnerable Sector is required and will be used to determine eligibility for volunteer services with The Erika Legacy Foundation. Questions about this policy should be directed to the

Director of Volunteer Services at: info@erikalegacy.com