

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Best number** for you and/or leave messages: \_\_\_\_\_ **Text?**  Yes  No

Email address: \_\_\_\_\_ Major Intersection: \_\_\_\_\_

I give my consent to receive emails regarding volunteering with SCHC and its programs:  Yes  No

**6 Roles that have an urgent need – tell us your 1<sup>st</sup> choice (& if you are willing to do 2<sup>nd</sup> or 3<sup>rd</sup>)**

- \_\_\_\_\_ **Meals on Wheels Driver / Runner (week days only from 11am – 1pm, 1x a week)**
- \_\_\_\_\_ **Food/Clothing/Furniture Bank (week days only plus Saturday AM for Furniture Bank)**

The following roles involve extra training PLUS a minimum 1 year volunteer commitment:

- \_\_\_\_\_ **Friendly Visiting** (isolated seniors, **mostly week days**, some evenings/weekends)
- \_\_\_\_\_ **Hospice Home Visiting** (**mostly week days**, some evenings/weekends)
- \_\_\_\_\_ **Day Hospice** (Wednesdays 8:30am – 12:30pm or 12:30pm – 3:30pm only)
- \_\_\_\_\_ **Bereavement & Caregiver Support Programs** (week days and evenings)

**Please indicate your interest below, if any. Be selective and only indicate 2-3 choices at most:**

**Roles Available Monday to Friday 9am-5pm ONLY:**

- Office/Admin/Reception
- Accounting / Finance (*experienced only*)
- Adult Day Program (*Seniors with dementia*)
- Active Living Centre (*Seniors*)
- Early ON Centre (*children*)
- Food prep/server

(Safe Food Handler Certificate or willing to obtain)

**These Roles are Occasional, Evenings & Weekends:**

- Fundraising / Marketing Support
- Home Work Club Tutors (*after school days only*)
- Christmas/Holiday Helper (*seasonal*)
- Fundraising Support
- Special Events Volunteer
- Children / Youth Programs

(*after school, Mondays to Fridays only*)

**Please check (✓) for your availability for volunteering:**

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**Do you have a current Police Check?**  Yes  No - **If not, do you consent to get one done?**  Yes  No

**Length of commitment:**  6 months  1 year  Other - Longer: \_\_\_\_\_

**Mode of transportation?**  Your own vehicle/car  Public Transit

**What is your age range?**  Youth (15-19 years)  Young Adults (20-29)  Adults 1 (30 - 40 years)

Adults 2 (41 – 65 years)  Seniors 1 (66 – 75 years)  Seniors 2 (76 years and over)

**What languages,** other than English, do you speak/write with ease: \_\_\_\_\_

**How did you hear about SCHC?**  ANC  CHC  Community Centre  Friend/Family  Local Newspaper

Other  Our other locations  Our Website  Public Library  Service User  Social Media

Volunteer Toronto  Charity Village  Flyer (where? \_\_\_\_\_)



Please tell us **why you are interested** in volunteering in the role(s) you've indicated & what you hope to gain from the experience:

Briefly outline your work/volunteer/school experience (**or attach resume if you have one - optional**):

**Have you had experience:** Volunteering or working with seniors?  Yes  No With children?  Yes  No  
Caring for someone with a chronic and/or life-limiting illness?  Yes  No With dementia?  Yes  No

**Do you have any training or education in:** Diversity/Equity/Inclusion?  Yes  No If yes, give details:

Do you require any accommodations or assistance in the event of an emergency evacuation?  Yes  No

Do you have any **allergies**?  Yes  No If **yes**, what kind: \_\_\_\_\_

Do you have any limitations or health issues which may affect your ability to volunteer and that you would like us to consider when placing you in a volunteer position? \_\_\_\_\_

Who is your **emergency contact**? (name / relationship / phone #)? \_\_\_\_\_

*References must be provided (2 please) Do not use relatives. Acceptable are prior volunteer or work supervisor, friend, neighbours, etc.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**I consent to have my photograph used by Scarborough Centre for Healthy Communities:**  Yes  No

*Information collected on this authorized form complies with the Privacy Act and Personal Health Information Protection Act. SCHC collects information to assist with program planning, improvement of services, and research. This information is confidential and shall not be used for purposes other than those for which it was collected, nor shall any identifying information be sent externally, except with your expressed consent or as required by law. We encourage you to discuss any questions/ concerns you may have with one of our staff. By signing below you are verifying that the information provided is true and complete. You give us permission to obtain personal information from your listed references. **False statements and omissions are grounds to terminate the volunteer relationship. I agree to follow SCHC policies & procedures. Failure to do so will result in termination of the volunteer relationship.***

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

**ONLY Hospice Home Visiting, Friendly Visiting, Bereavement Care & Caregiver Support roles, need to fill out this page. THIS PAGE IS NOT REQUIRED FOR ANY OTHER VOLUNTEER ROLES.**

Do you have any personal experience caring for someone to the end of life?  Yes  No

Have you had a person close to you die within the last year?  Yes  No

If yes, did you seek any kind of bereavement support?  Yes  No

**Driving:** Do you have a valid Driver's License and access to a vehicle  Yes  No

Are you willing to drive a client if required?  Yes  No

**(A copy of your license and up-to-date insurance coverage will be required if you say Yes)**

**Do you have any training or education in:**

Hospice Palliative Care?  Yes  No Grief & Bereavement  Yes  No Group Facilitation?  Yes  No

If yes, please give details:

**To help us with matching you with a service user, please tell us a bit about yourself**

Describe your experiences with cultural diversity including spiritual/religious/faith practices related to illness, death, dying and bereavement:

**What are your hobbies/interests?** (e.g. sports, music, crafts, board games). Please check all that apply.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Acting        | <input type="checkbox"/> Dancing            | <input type="checkbox"/> Meditation          | <input type="checkbox"/> Reiki(Training Level: _____ )                        |
| <input type="checkbox"/> Animal Lover  | <input type="checkbox"/> Dog Lover          | <input type="checkbox"/> Movies/TV           | <input type="checkbox"/> Science <input type="checkbox"/> Walking             |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Drawing            | <input type="checkbox"/> Music               | <input type="checkbox"/> Sewing <input type="checkbox"/> Writing/Scrapbooking |
| <input type="checkbox"/> Board Games   | <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Singing <input type="checkbox"/> Yoga (Teacher?)     |
| <input type="checkbox"/> Cards         | <input type="checkbox"/> Fishing            | <input type="checkbox"/> Nature/Outdoors     | <input type="checkbox"/> Sports <input type="checkbox"/> Traveling            |
| <input type="checkbox"/> Chess         | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Painting            | <input type="checkbox"/> Swimming   |
| <input type="checkbox"/> Children      | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Photography         | <input type="checkbox"/> Tai Chi (Teacher?)                                   |
| <input type="checkbox"/> Cooking       | <input type="checkbox"/> Handy Person       | <input type="checkbox"/> Piano Playing       | <input type="checkbox"/> The Arts   |
| <input type="checkbox"/> Crafting      | <input type="checkbox"/> History            | <input type="checkbox"/> Puzzles             | <input type="checkbox"/> Theatre  |
| <input type="checkbox"/> Crochet       | <input type="checkbox"/> Knitting           | <input type="checkbox"/> Reading             | <input type="checkbox"/> Therapeutic Touch (Training Level:_____)             |

Other (please list) \_\_\_\_\_

Willing to visit a client **with pets**?  Yes  No Willing to visit a client **who smokes**?  Yes  No

Are you able to make a ONE YEAR COMMITMENT to volunteering (with time off for vacation, breaks etc.)?

Yes  No

I understand that completion of all training (both online and in person) as well as a clear Vulnerable Sector Police check is required in order to be placed with one of the four roles listed above and I agree to follow the guidelines of the Community Hospice & Friendly Visiting Programs provided to me as part of the training process

Yes  No