Wellington Terrace Long Term Care Home
VOLUNTEER APPLICATION FORM

Wellington Terrace Long Term Care Home
474 Charles Allan Way
Fergus, Ont.
N1M 0A1
519.846.5359

NAME: _____
First Name Last Name
ADDRESS: _____
Number and Street City Postal Code
TELEPHONE: Home: _____ Cell: _____
**Best Time to Call: _____
E-MAIL ADDRESS: _____
OCCUPATION IF APPLICABLE: _____
LANGUAGES SPOKEN: _____
ARE YOU UNDER AGE 18? ____ *IF YES:

A) **What grade level and school do you attend? _____**
B) **Are your volunteer hours for the completion of high school?** ☐YES ☐NO
C) **How many hours do you need to do? _____By what date? _____**

.....
.....

1 Why have you chosen the Wellington Terrace Long Term Care Home to offer volunteer service?

_____
_____

2 What qualifications, skills or experience do you have that you would like to share with the residents of the Wellington Terrace? (May include personality traits, technical skills, musical skills, or others).

_____
_____
_____

3 How did you hear about the Volunteer Opportunities at the Terrace?

_____
_____
_____

4 Please describe any previous or current volunteer experiences you may have.

_____
_____
_____

5 Please describe your present and/or previous employment if applicable.

_____

_____

_____

6 Would you prefer to work in a group or individually, and why?

_____

7 What do you hope to gain from this volunteer experience?

_____

_____

_____

8 What is your current employment status?

☐ **Full Time** ☐ **Part Time** ☐ **Retired** ☐**Other**_____

"I am able to volunteer:" ***PLEASE INDICATE SPECIFIC TIMES IN THE BOXES BELOW THAT WORK FOR YOU**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
Evening							

9 How often would you be able to volunteer?

☐ Weekly ☐Monthly ☐Occasionally ☐Other: _____

10 We ask all volunteers to attempt to make at least a 3 to 6-month commitment if at all possible. Do you feel you are able to commit to this request? If not, please explain why:

☐YES ☐NO _____

WE DO REQUIRE ALL VOLUNTEERS TO PROVIDE PROOF OF ALL MANDATORY VACCINATIONS.

Two-Step Tuberculosis testing **may be required, depending on the number of hours you wish to volunteer**.**
More details can be discussed at the time of the interview.

For all potential volunteers 18 years of age and older who will be volunteering at Wellington Terrace, we do require a completed Vulnerable Sector Check due to the nature of volunteering with vulnerable persons here at Wellington Terrace. We will supply the form and a letter from our organization, which will then waive the fee required for having these searches completed.

11 Please give us an idea of the areas you would like to be involved in:

☐Visiting	☐Provide Entertainment	☐Dining Room Assistance
☐Summer Bike Buddy (18 and older)		☐Trips & Outings
☐Facilitator of Resident Programmes		☐Programme Assistance
☐Other _____		

12 Please give the names and contact information for two references: (preferably someone with whom you have worked or volunteered, or a teacher/mentor/coach)

1. **Name:** _____
   Email Address(preferable)_____
   Telephone Number: _____
   How do you know this person? _____
2. **Name:** _____
   Email Address(preferable)_____
   Telephone Number: _____
   How do you know this person? _____

13 Who may we notify in case of emergency?

Name: _____
Telephone: _____

14 Do you have any questions or comments?

_____
_____

"I give Wellington Terrace Long Term Care Home permission to contact the persons named as references to ascertain my suitability as a volunteer. I certify that the above information is correct and realize that any falsified information could lead to my termination as volunteer with this Home."

Volunteer Signature: _____
Date: _____

ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE

Thank you for taking the time to complete this form. We now have an accurate record of your skills, experience and interests which will enable us to make the best match for you, with a present or future volunteer opportunity.

Mary Black
Volunteer Services Coordinator
519.846.5359 ext. 7266 maryb@wellington.ca

FOR OFFICE USE ONLY

Date Application Received: _____
Contact Date: _____
Interview Date: _____

Form Revised July 2022