



VOLUNTEER APPLICATION



Thank you for your interest in volunteering at Chartwell!

Please follow the instructions below to get connected with one of our homes:

1. Download and complete this application form
2. Choose a residence
3. Call the residence directly and speak with the Lifestyle and Program Manager or Program Support Services Manager
4. Set up an in-person meeting and bring the filled in application with you to the meeting.

Upon completion of a successful interview and requirements, a full orientation will be scheduled prior to your start date.

Name: _____ Date: _____

Phone: (H) _____ (C) _____

Address: _____

Email: _____

Emergency Contact (Advise supervisor of any changes): _____

Relationship to Volunteer: _____

Phone: _____ (Alt. Phone) _____

Tell Us About Yourself

Education: (include highest level completed):

Work Experience:

Previous Volunteer Experience:

Skills:

Other Languages Spoken:

Hobbies and Interests:

Reason for Volunteering:

(E.g. student hours, gain work experience, co-op placement, general interest etc.)

Preferred Volunteer Positions: (Please check all positions that you are interested in)

- | | |
|--|--|
| <input type="checkbox"/> Working 1:1 with residents | <input type="checkbox"/> General Administrative Duties |
| <input type="checkbox"/> Assisting with Special Events | <input type="checkbox"/> Assisting with regular programs |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Café Volunteer |
| <input type="checkbox"/> Spiritual Visits/Support | <input type="checkbox"/> Outings |
| <input type="checkbox"/> Playing a musical instrument | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Computer Companion | <input type="checkbox"/> Leading small group programs |
| <input type="checkbox"/> Meal Assistant (LTC only) | |

Availability			
Flexible - Call when needed.			
Prefer Weekdays	AM PM	Specify Day(s): M T W Th F	
Prefer Weekends	AM PM	Specify Day(s): Sat Sun	
Other:			
Times I cannot Volunteer (please specify):			

Please list the names and phone numbers of three (3) professional or personal references:

(I consent to the organization contacting the enclosed references)

Name:	Phone:	Relationship:

I have received and reviewed a copy of the Volunteer Introduction Checklist and I understand and agree to meet the requirements outlined page 1 and 2 of the checklist as a part of my commitment to volunteering. ____ (Applicants Initials)

Please complete: (AB, ON, QC) ____ I am over the age of 18 (BC) ____ I am over the age of 19 ** Volunteers under the age of majority require parental consent to volunteer.

Applicants Signature: _____ Date: _____

Signature of Parent/Guardian if under 18: _____ Date: _____

For Office Use Only	
Date Received:	Volunteer Position:
Date Interviewed:	Date of Orientation:
PSSML/LPM Signature:	