

Junior Volunteer Application Form Sunshine Coast

Name:	Date of Birth:	Grade:
Phone:	Address:	Email Address:
Emergency Contact Info		
Emergency Contact:	Relationship:	Phone:
Interests		
Reason for Volunteering:		
What skills/interests/talents do you think you can bring to this role?		
Goals		
What kind of orientation / training do you think you need before starting to volunteer in long term care?		
What are you hoping to gain from your volunteer role?		
Current Knowledge/Training		
What do you know about our Organization? What do you think we do?		
How do you feel you communicate with others? What are your strengths and weaknesses?		
What is your experience with older Adults?		
What do you know about Dementia?		
What do you know about Recreation Therapy		

Learning and Supervision

What is your preferred learning style? Ex. Group work, case studies, PowerPoints, lecture, hands on practice.

What type of guidance do you think you will need to be successful in your volunteer role?

References

Please give one educational reference, as well as one of the other three options (2 references total)

a) A nonrelative adult, who has known you for at least 2 years. b) Religious leader. c) Youth club leader.

Name of Teacher: _____ Phone/email: _____

Grade & Subject: _____

Name: _____ Phone/email: _____

Relation: _____

Parent/Legal Guardian Consent (under 19)

I, _____ give my permission for _____ to participate in the volunteer program at Totem/Shorncliffe/2South.

Signature of Parent/Guardian

Date

Volunteer Consent

Please read the following carefully before signing this application: By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal of volunteer placement, or if I am a volunteer for Vancouver Coastal Health, may be cause for immediate termination. I understand that a Criminal Record Check will be required for some positions. I authorize Vancouver Coastal Health to contact the references listed and give permission to these references to release all relevant information requested.

I also understand that by signing this volunteer application form, Vancouver Coastal Health will keep a record of my personal information on site and that it will remain confidential to Vancouver Coastal Health. I understand that this information may be disclosed to any party with legal and proper interest, and I release Vancouver Coastal Health from any liability whatsoever for supplying such information.

Signature: _____ Date: _____

Please return completed form to:
Alyson McKendrick
Coordinator, Junior Volunteer Program
Sunshine Coast Healthcare Auxiliary
mckendricks@telus.net