ROYAL TERRACE VOLUNTEER APPLICATION

GENERAL INFORMATION							
Last Name:		First Name:		Start Date:	Start Date:		
Address:		<u> </u>		E-Mail:			
City:		Province:	Postal Code:	Birthday:			
Phone:		Alternate Phone:		Position:	Position:		
Allergies/Medica	al Conditions:						
		EMEF	RGENCY CO	DNTACT			
Name:		Phone:			Relationship:		
ABOUT VOLUNTEERING							
Do you have any special interests/skills/qualifications? (Art, Music, etc.) Please indicate any activities you might be interested in that are not listed on back of this application.							
How did you hear about us? (Family, Friends, Newspaper, Online, School, Another Volunteer, etc.)							
What are your reasons for volunteering? (Retired, Career Path, Community Involvement, School Hours, etc.)							
Length of Commitment: Ongoing 6 months or less Special Events Summer Volunteer Youth (14-17)							
What languages do you speak? English French Dutch Mandarin Spanish Other:							
AVAILABILITY							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
am pm eve	am pm eve	am pm eve	am pm ev	e am pm eve	am pm eve	am pm eve	

PROGRAMS OFFERED AT ROYAL TERRACE

Exercise Classes (Group/1:1)	Church	Therapeutic Touch
Tuck Shop	Baking	Montessori
Cards and Board Games	Current Events	Musical Entertainment
Outdoor Games	Gardening	Music Club
Word Games	Food Socials	1:1 Visits
Arts and Crafts	BBQ's	Videos
Reading Club (Group/1:1)	Outings	Computer
Reminiscing Group	Trivia/Jokes	Manicures
Nintendo Wii	Poetry	Other

TERMS OF AGREEMENT

I agree to fulfill my commitment(s) to the best of my ability. In the event that my ability / involvement is not compatible with a selected activity, I may choose or be asked to reassign to another position. Royal Terrace reserves the right to discontinue a placement should it be necessary.

I agree to provide an application, two references (where applicable) and a Police Check

I will also be required to participate in an interview/orientation process as well as evaluations.

I consent to have my photo taken, which may	y be posted in Roya	al Terrace, local n	ewspapers, Royal Terrac	e
website and/or used for promotional material	IYes	No		

Please Initial the following where applicable:

I authorize Royal Terrace to contact my references directly and to confirm receipt of a Police Check for the	٦e
Vulnerable Sector.	

I will wear my Identification at all times while volunteering at Royal Terrace and will comply with the Name Tag contract.

I understand that as a volunteer in long term care I am not permitted to perform any nursing and/or personal care for residents.

I understand that it is my duty to inform DOLE of any changes regarding my personal information.

Signed:	Date:

Parent/Guardian Signature:_

Parent/Guardian is required to sign if you are under 18 years of age

Jennifer George Director of Life Enrichment 519-343-2611 ext. 227 jenniferg@wightman.ca

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