ROYAL TERRACE VOLUNTEER APPLICATION

		GENE	RAL INFOF	RMATI	ON					
Last Name:		First Name:			Date:					
Address:	ddress:			E-Ma	E-Mail:					
City:		Province:	Postal Code:	Birth	Birthday (optional):					
Phone:		Alternate Phone	e: Occupation:							
Allergies/Medic	al Conditions:									
		EMEF	RGENCY C	DNTAG	CT					
Name:			Phone:			Relationship:				
		ABOL	T VOLUNT	EERIN	NG					
interested in th	y special interest at are not listed o ear about us? (Fa	n back of this ap	plication.				•	les you	g	nt be
What are your r	easons for volun	teering? (Retired	, Career Path,	Commu	nity Involve	ment,	School Ho	urs, etc	:.)	
Length of Comi Ongoing	6 months or less	s Special E	Events	Summe	r Volunteer		Youth (14-	17)		
	s do you speak? French Du	tch Manda	arin Spa	ınish	Other:					
		,	AVAILABIL	ITY						
Monday	Tuesday	Wednesday	Thursday		Friday	Sa	aturday	Sı	unda	y
am pm eve	am pm eve	am pm eve	am pm e	/e am	pm eve	am	pm eve	am	pm	eve

PROGRA	MS OFFERED AT ROYAL 1	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	
reserves the right to discontinue a placement agree to provide an application, two referer I will also be required to participate in an intext I consent to have my photo taken, which mat website and/or used for promotional material	nces (where applicable) and a Police erview/orientation process as well as y be posted in Royal Terrace, local n	evaluations.
Please Initial the following where	e applicable:	
I authorize Royal Terrace to contact my refe Vulnerable Sector	rences directly and to confirm receipt	of a Police Check for the
I will wear my Identification at all times while contract	volunteering at Royal Terrace and w	rill comply with the Name Tag
I understand that as a volunteer in long term for residents.	care I am not permitted to perform a	ny nursing and/or personal care
I understand that it is my duty to inform DOL	E of any changes regarding my pers	onal information
Signed:	Date:	
Parent/Guardian Signature:		
Parent/Guard	dian is required to sign if you are under	18 years of age
Brianne Bell		

Director of Life Enrichment
519-343-2611 ext. 227
lifeenrichment@royalterrace.ca

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