



Almage Community Centre for Adults 50+

Volunteer Application Form

All Volunteer Files Are Confidential

Date of Application (dd/mm/yy): _____

Name:		Surname:	
Address:		City:	Postal Code:
E-Mail Address:			
Home #:		Cell #:	Other #:
Date of birth (month/day):			

Languages Spoken: Check all that apply	English <input type="checkbox"/>	French <input type="checkbox"/>	Other:
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What is your availability? Specify with a check mark ✓					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
How many hours and days per week are you available? # of Hours:			# of Days:		

<p>Would you be willing to volunteer offsite? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you be willing to occasionally volunteer on a Saturday and/or Sunday for a special event if you're available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the times: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening</p>
<p>How long are you able to commit to volunteering for Almage?</p> <p><input type="checkbox"/> Short-term (less than 1 month)</p> <p><input type="checkbox"/> 1 to 3 months</p> <p><input type="checkbox"/> Long-term (6 months and more)</p>

<p>Please complete this section if you are applying for a volunteer position that requires the use of a vehicle.</p> <p>Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you be willing to use it for volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have car insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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What location(s) are you interested in volunteering at? Check all that apply.

<input type="checkbox"/>	Almage Community Centre for Adults 50+ - 8680 Rue Hochelaga
<input type="checkbox"/>	Rosemont Satellite – 4835 7 th Avenue
<input type="checkbox"/>	Montreal North Satellite Centre – 11121 Avenue Salk

What type of volunteering interests you? Check all that apply

<input type="checkbox"/> Administration (Accounting, Clerical/Office Work)	<input type="checkbox"/> Program Service/Delivery (Activity Animator, Translator, Repair/Maintenance)	<input type="checkbox"/> Meal Program (Cook, Assistant Cook, Dishwasher, Baker, Server, Grocery Shopper)
<input type="checkbox"/> Home Support Services (Visitor, Caller, Driver, Medical Accompaniment)	<input type="checkbox"/> Clinic Worker (Income Tax, Nurse-blood pressure)	<input type="checkbox"/> Committee Member (Fundraising, Kitchen, Home Support, Special Events, Program Planning, Welcoming)
<input type="checkbox"/> Board Member (Must be elected)	<input type="checkbox"/> Special Projects (Community Outreach, Raffles & Sales) <i>*based on agency's needs*</i>	<input type="checkbox"/> Other: (Please specify)

Tell us about yourself:

Do you have any volunteer experience? Yes No
If yes, briefly tell us about your previous volunteer work.

What do you need to feel satisfied by the work you do and to feel valued and appreciated for your time and efforts?

What are your interests/hobbies?

Why do you want to become a volunteer for Almage Community Centre for Adults 50+?

How did you hear about us? Check all that apply				
<input type="checkbox"/> Newspaper (specify)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Flyer	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> School (specify)
<input type="checkbox"/> Volunteer Services Centre (specify)	<input type="checkbox"/> Staff/Volunteer of Almage	<input type="checkbox"/> CLSC/ Medical Centre	<input type="checkbox"/> Friend	<input type="checkbox"/> Internet
<input type="checkbox"/> Volunteer Fair (specify)	<input type="checkbox"/> Other (specify)			

AGREEMENT

To the best of my knowledge, the information provided on this form is true and accurate. Should I provide any false information it will be grounds to dismiss me from volunteer work at any time.

I fully understand that this application does not guarantee acceptance as a volunteer for Almage Community Centre for Adults 50+.

As security background checks are mandatory in order to volunteer for Almage Community Centre for Adults 50+, I agree to complete a security background check and am aware that the results will remain strictly confidential and only released to an Almage Community Centre for Adults 50+ Staff.

I acknowledge that everything contained in a clients' file is strictly confidential, as described in the law

CONFIDENTIALITY AGREEMENT

on Health and Social Services. I acknowledge that it is forbidden to release any information to any person(s), other than an Almage staff member, regarding a clients' name, address, contact information, sex, medical conditions and any other personal information.

By signing this application form, I agree to respect and follow the policy on confidentiality for Almage Community Centre for Adults 50+. Any information obtained as a result of my volunteer work with Almage Community Centre for Adults 50+ will be kept confidential and will not be disclosed to anyone of used in any manner or form.

A breach of confidentiality is a SERIOUS matter and is grounds for dismissal from volunteer duties. I also understand that sanctions may be taken against me, and I can be held liable for a breach of this confidentiality agreement. I understand that Almage Community Centre for Adults 50+ reserves the right to use this information for statistical purposes.

Applicants' Signature _____ **Date (mm/dd/yy):** _____

Almage Community Centre for Adults 50+
 8680 Rue Hochelaga
 Montreal, QC, H1L 2M6
 (514) 355-1712
www.almage.org
info@almage.org

FOR OFFICE USE ONLY

Interview Date: _____ Interviewed by: _____

Is the applicant a member/user of service(s): Yes No

Interviewer Notes:
