



VOLUNTEER APPLICATION FORM

Please return this form to the Almage Senior Community Centre at 8680 Hochelaga, Montreal, Quebec, H1L 2M6. Thank you for your interest in volunteering with us.

All volunteer applications are kept strictly confidential. If you have any questions, please ask before continuing to complete this form. The information you provide is done so on a voluntary basis.

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

IDENTIFICATION

Name: _____
First Family Name

Date of Birth (dd/mm/yy): ___/___/___

Address: _____ apt # _____

City _____ Borough _____

Postal Code _____

Email: _____

Telephone:

Home: _____

Work: _____

Cell: _____

Occupation: _____

Company Name: _____

Work Status

Employed (full time)

Employed (part time)

Retired

Semi-Retired

Student

Unemployed

Other:

Specify _____

Reasons for offer of volunteering

Help others

Participate in the community

Meet other people

Gain employment experience

Required by school

Have time to give

Improve language skills

Other

Specify _____

Languages:

Spoken

Written

English:

French:

Other(s):

Specify _____

What are your interests, hobbies?

Do you have volunteer experience? Yes No If so, what kind of volunteer work?

Do you have access to a car? Yes No Would you be willing to use it for volunteer work? Yes No

In case of emergency, contact /relationship _____ Tel #: _____

VOLUNTEER INTEREST

Locations/Programs you prefer to work in?

- Almage Senior Community Centre (8680 Hochelaga)
- Rosemont Satellite Centre (6341 De Lorimiers)
- Montreal – North Satellite Centre (10374 Cobourg)

POSITION TITLES: INDICATE THE AREAS THAT INTEREST YOU

Administration

- Accounting
- Office work

Program/Service Delivery

- Program Animator
- Translator
- Repair / Maintenance

Meal Services

- Cook/assistant cook
- Dishwasher
- Baker
- Server/cleaner ... etc
- Shopper / Driver

Home Support Services

- Visitor
- Caller
- Driver
- Med accompaniment
- Shadow

Clinic Worker

- Income Tax
- Blood Pressure

Board Member
must be elected

Committee Member

- Fundraising (Large scale)
- Kitchen
- Home Support
- Special Event
- Program Planning
- Welcoming

Special Projects:

- based on agency needs
- Community Outreach
 - Raffles / Sales

OTHER:

AVAILABILITY: PLEASE MARK OR ON DAYS AND TIMES YOU ARE AVAILABLE

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Maximum hours you would like to volunteer weekly: _____

Time commitment : short-term (less than 1 month) One to 3 months 6 months and more

REFERENCES

Referral Source: please indicate how you heard about our agency:

- Newspaper
- Radio/TV
- Flyer
- Word of mouth
- Service de Benevole de l'Est
- West Island Volunteer Bureau
- Montreal Volunteer Bureau
- Concordia Volunteer Kiosk
- McGill Volunteer Kiosk
- Staff of agency
- Volunteer of agency
- Friend
- Local paper
- Internet
- CLSC bulletin board/pamphlet
- Other _____

Please provide 2 references : (other than friends or family)

1. Name _____ Relationship to you : _____

Phone #: _____ or Email: _____

2. Name _____ Relationship to you : _____

Phone #: _____ or Email: _____

Do you have any health problems, psychiatric or restrictions that may affect your volunteer work? Yes No

If yes, specify:

We do SPVM (police) background checks on all volunteers.

Please Note* The SPVM background check can take 5-8 weeks for processing.

OPTIONAL: (For statistics only)

Ethnic origin: _____

Level of education completed: _____

To the best of my knowledge, the information provided on this form is true and accurate and I permit Almage Senior Community Centre to verify my references. Should I provide any false information it will be grounds to dismiss me from volunteer work at any time. I understand that if a required police check returns with a negative result, I may be refused as a volunteer.

CONFIDENTIALITY AGREEMENT-OBLIGATIONS REGARDING CLIENT INFORMATION

I acknowledge that everything contained in a client's file is strictly confidential, as described in the law on Health and Social Services. I will not have access to the client's files unless authorized by a staff person.

By signing this application form, I agree to respect and follow Almage Senior Community Centre policy on confidentiality. Any information obtained as a result of my volunteer work with Almage Senior Community Centre will be kept confidential and will not be disclosed to anyone or used in any manner or form. I also understand that sanctions, including, but not limited to termination, may be taken against me and I can be held liable for a breach of this confidentiality agreement. I understand that Almage Senior Community Centre reserves the right to use this information for statistical purposes.

Signature _____

Date (mm/dd/yy) ___/___/___

FOR OFFICE USE ONLY

Interview Date: _____

Interviewed by: _____

Is this a member/user of service: Yes No

Gender: Female Male

Comments from references: _____

Date completed: _____

Verified by: _____

Date police check completed: _____

PLACEMENT OF CANDIDATE

Accepted Withdrew application not suitable for agency at this time volunteer position not offered presently

Location: _____

If changed position/ location OR left and came back

Program: _____

Program _____ Location _____

Position Title: _____

Position _____

Supervisor: _____

Supervisor _____

Start date: _____ Day / time: _____

Start date _____ Date/ Time _____

End date: _____

End date: _____

Additional positions/supervisor:

2. _____

3. _____

Additional Notes:

Additional documents included in file

Curriculum vitae

Police check

Reference letters

Other _____