



Volunteer Application Form

The information in this form will help us to find the most satisfying and appropriate volunteer placement for you. Kindly provide us with as many details as possible. Thank-you!

Contact Information:

Name: _____ Address: _____
City: _____ Postal Code: _____
Home Phone #: _____ Other Phone #: _____
Date of Birth: (mm/dd/year) ___/___/_____

Emergency Contact Information:

Name: _____ Address: _____
Home Phone #: _____ Other Phone #: _____

Please complete if under the age of 18 years:

Name of parent or guardian: _____
Address: _____
Home Phone #: _____ Other Phone #: _____

I, as the parent or guardian of _____, give full consent for them to volunteer for Rosedale Seniors' Living and understand the guidelines and rules they will need to follow.

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Rosedale Staff Member Signature	Rosedale Staff Printed Name	Date

The building you are interested in volunteering for:

Rosedale Griesbach: 4480 McCrae Avenue, Edmonton
Rosedale Estates/Villa/Park/Manor: 10101-111 Street, Edmonton
Rosedale St. Albert: 20 Hebert Road, St. Albert

Students Only:

Name of School: _____ Grade: _____
College: _____ Year: _____
Teacher's Contact Information: _____ Hours Needed: _____



References: (Personal or Work)

Name: _____ Relationship: _____
Home Phone #: _____ Other Phone #: _____

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Volunteer Experience:

Time Available:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Total hours per month: _____ Hours per day: _____

What length of time can you commit to volunteering? (weeks, months)

Interests/Skills:

***Please indicate your interests and/or skills that you would enjoy sharing at Rosedale.**

My interests (hobbies) and/or skills are:

Why do you want to volunteer with the elderly?



We have monthly outings arranged to local destinations; would you be interested in attending? Y/ N

Do you have a family member(s) who reside within Rosedale? Y/N

If so, please list: _____

Do you have any family members who are employed by Rosedale? Y/N

If so, please list: _____

I, _____, understand the following guidelines and rules and will follow all guidelines and rules below at all times when volunteering for Rosedale Seniors' Living:

- * Follow the direction and guidance of Rosedale staff
- * Keep all private information confidential
- * Work in a healthy and safe manner
- * Wear appropriate clothing and look presentable
- * Keep Rosedale staff informed of any unusual incidents or critical occurrences
- * Be polite and professional
- * Provide a current Police background check (if over 17 years of age)
- * Will never go into a Resident's room without a Rosedale staff member
- * Will never remove a Resident from the building
- * Will never contact a Resident when not volunteering & without Rosedale staff being aware

Please note that Rosedale staff or their agents are not responsible for any personal injury, loss of damage to personal property while they are on Rosedale premises. I have read over the above information and I agree to all the above conditions.

Signature	Printed Name	Date
Witness Signature	Witness Printed Name	Date

Authorization for the Release of Information

I declare that all statements on this application are correct to the best of my knowledge. I understand that my eligibility to volunteer is dependent upon satisfactory Security Clearance and references. I agree to abide by the guidelines, policies and procedures of Volunteer Services. My signature also authorizes Rosedale Seniors' Living to check past employers and volunteer history.

Signature	Printed Name	Date
Witness Signature	Witness Printed Name	Date



Reviewed By: _____

For Office use only:

Date started: _____ Date ended: _____

Security Clearance received (if over 17 years of age): Yes _____ No _____

Parental consent obtained (if under 18 years): Yes _____ No _____

Has received Abuse package: Yes _____ No _____

Has received orientation: Yes _____ No _____

Has received scope of guidelines and rules: Yes _____ No _____

Recreation Therapist: _____ **Date:** _____

General Recreation Director: _____ **Date:** _____