



## Volunteer Application Form

The following information 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 #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Please complete if under the age of 18 years:

Name of parent or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I, as the parent or guardian of, \_\_\_\_\_ give full consent for them to volunteer with Rosedale Developments, and I understand the guidelines and rules they will need to follow.

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Rosedale Signature	Rosedale Printed Name	Date

### Students Only:

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

### References: (Personal or Work)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Other # \_\_\_\_\_

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Home #: \_\_\_\_\_ Other # \_\_\_\_\_

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Home #: \_\_\_\_\_ Other # \_\_\_\_\_



Volunteer Experience:

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**Time and Day Available**

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Total hours available per month: \_\_\_\_\_ Hours per day: \_\_\_\_\_  
 What length of time can you commit volunteering at our facility? (weeks, months) \_\_\_\_\_

**Interest/ Skills:**

**\*Please indicate the skills and/ or interests you would enjoy sharing at Rosedale.**

My Hobbies and Interests include:

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Why do you want to volunteer with Seniors?

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Monthly outings are arranged to local destinations. Would you be interested in attending? Y N

Do you have a family member(s) who resides at or who is employed at Rosedale? Y N If so, please specify: \_\_\_\_\_

**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 security check (if over 17 yrs of age).
- \* Never enters a resident's suite without a Rosedale staff member.
- \* Never removes a resident from the building.
- \* Never contacts a resident when not volunteering and 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 a satisfactory Security Clearance and references. I agree to abide by the guidelines and policies and procedures of Volunteer Services. My signature also authorizes Rosedale Developments to check past employers and volunteer history.

Signature Printed Name Date
Witness Signature Witness Printed Name Date

For Office use only:

Date started: Date ended:
Security Clearance received (if over 17 yrs 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 copy of Rosedale guidelines and rules: Yes No
Recreation Therapist : Date: