 Honoring Your Journey

**Volunteer Application**

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| CONTACT INFORMATION |

Name:

Primary Phone: Best time to reach me:

Email:

Providing email implies consent to receiving electronic communication from Foyer Maillard

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| EXPERIENCE/SKILLS - Please describe any experience (paid, personal or volunteer) you have had that may be relevant to your volunteer work here: |

What languages are you able to speak conversationally?

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| AVAILABILITY – Volunteer shifts run Mon-Sun between the hours of 10am to 7:00pm |

Frequency I am hoping to Volunteer:

Time of Day I am hoping to volunteer:

Day(s) of the Week I am available to volunteer:

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| AREAS OF INTEREST- Please fill in “OTHER” with your own ideas should you not see a job assignment that interests you. **Check all that apply.** |
| Gardening □  | Table Games (eg. cards, dominoes) □  | Arts □  |
| Music □  | Active Games (eg. darts, bowling) □  | Crafts □  |
| Group Outings  | Beauty care (eg. manicures, make up)  | Special Events (eg birthday party) □ |
| Hair Salon □  | I play an instrument and would like to play for residents □ | One to One Visitor □ |
| Other? □ |

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| PLEASE FEEL FREE TO ADD ANY OTHER INFORMATION YOU FEEL WOULD SUPPORT YOUR APPLICATION: |

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| REFERENCES – please provide two references that will be able to attest to your personal character and work ethic |
| NAME:  | NAME:  |
| PHONE:  | PHONE:  |
| RELATION:  | RELATION:  |

I hereby certify that the information contained in this application is true to the best of my knowledge. I agree and understand that any false statements made in this application may be cause for termination of my volunteer position**. In signing this application, I am also granting permission to contact the above named references**. Applicants under 15 years require the parent/guardian signature as well as the parent/guardian consent form to be completed.

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| Applicant Name:  | Guardian Name:  |
| Signature:  | Signature:  |
| Date:  | Date:  |

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| OFFICE USE ONLY | DATE: | NOTES: |
| CONTACTED |  |  |
| INTERVIEW SCHEDULED |  |  |
| RECEIVED CRC |  |  |
| RECEIVED TB FORM |  |  |
| RECEIVED MEDICAL FORM |  |  |
| RECEIVED IMMUNIZATION FORM |  |  |
| RECEIVED PARENTAL CONSENT FORM |  |  |
| HANDBOOK PROVIDED |  |  |
| ORIENTATION |  |  |
| NAME TAG |  |  |

Completed form can be submitted by email: jholley@foyermaillard.com

Or dropped off at Reception.