

THE COMMUNITY OF PORTAL VILLAGE

303 Elgin Street, Port Colborne ON. L3K 6A3

Volunteer Application Form

Thank you for offering to volunteer your time and skills at THE COMMUNITY OF PORTAL VILLAGE. In order to determine if the volunteer program is the most appropriate placement for you, please complete the following application. **PLEASE PRINT.**

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: (Home): _____ (Other): _____

Emergency Name and Contact Number: _____

Languages Spoken: English French Other: _____

Why do you want to become a volunteer?:

Please list any of your hobbies or areas of special interest that could be utilized when working with senior citizens:

Please list your experience in community work, and/or as a volunteer:

How did you hear of our volunteer program?

If accepted as a volunteer at The Community of Portal Village, I agree to:

- Respect the dignity, and individuality of each resident.
- Respect all matters of confidentiality and sign An Oath of Confidentiality form.
- Wear a Volunteer I.D. badge at all times while volunteering with the facility.
- Refer questions beyond my scope of knowledge to the Volunteer Coordinator or another staff member.

If accepted as a volunteer, The Community of Portal Village agrees to:

- Provide orientation, training, and supervision.
- Provide a safe, non-threatening environment for training.
- Respect the skills, dignity and individuality of each volunteer.
- Provide administrative support (i.e.: photocopying, use of computer) related to Volunteer's tasks.

Due to the confidential nature of volunteering, we require the name and contact number of two references.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I authorize the Volunteer Coordinator, to solicit a reference from the above-named people in connection with my application for the position of a volunteer at the Community of Portal Village. I certify that all information included in this application form is true and complete. I authorize the Community of Portal Village, to verify all statements herein and release the program and all others from liability in connection with same.

Signature:

Date:

Please return completed form to:

The Community of Portal Village
c/o Jennifer Parker
300 Elgin Street
Port Colborne ON. L3K 6A3
Fax: (905) 834-9989
Email: jenniferparker@portalvillage.com