

This personal information is being collected under the authority for various statutes of the government of Alberta and will be used for the purpose of ensuring the appropriate administration of Father Lacombe Care Centre employee/volunteer policies. The privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection and/or use of your personal information, please contact the FOIPP Coordinator for Father Lacombe Care Centre, at 403-254-6286.

Father Lacombe Care Centre

Volunteer Application

REGISTERED VOLUNTEERS ARE AT LEAST 16 YEARS OF AGE

Application Date _____

Name _____ Date of Birth _____

Address _____
(number) (street)

_____ (city) (province) (postal code)

Telephone Number _____ (home) _____ (work)

Email Address _____

Occupation _____ Present Employer/School _____

Work and/or Volunteer Experience _____

Hobbies, Skills, Interests _____

Parish / Faith Group _____

I am interested in volunteering here because: _____

How did you hear about our volunteer program?

- Church Bulletin Volunteer Centre
 Word of Mouth Other _____

I am interested in:

- 1:1 Visitations Therapeutic Services Outings Pastoral Care
 Adult Day Support Meal Assistance Gift Shop Palliative Care
 Appointment Escort Special Events Other _____
 I require more information

Times Available (please check when available)

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Flexible <input type="checkbox"/>	Morning							
	Afternoon							
	Late Afternoon							
	Evening							

Please complete other side

Any additional information you would like us to know: _____

Emergency Contact _____ Telephone Number _____

Reference (name) _____ Telephone Number _____

Relationship _____

Reference (name) _____ Telephone Number _____

Relationship _____

1. *I understand I must pass a screening process (reference check and security clearance) prior to being accepted as a volunteer.*
2. *I will honour my time commitment and carry out my duties to the best of my abilities.*
3. *I will notify the Volunteer Coordinator and /or supervising staff member of any necessary absence as far in advance as possible as required by my program area.*
4. *Resident information is confidential. I will not discuss it with anyone outside my volunteer assignment.*
5. *I will be committed to be a volunteer for not less than 12 months and will notify the Volunteer Coordinator prior to leaving.*

Date: _____ Signature: _____

If volunteer is under 18 years, a parent must sign below. Parent's signature indicates for child to volunteer, screening process and for staff to call an ambulance if an emergency occurs.

Date: _____ Signature: _____

Volunteer Services Coordinator may be reached @ 403-254-6285

For office use only:

Start date: _____

Program placement: _____

Comments:
