



**VOLUNTEER APPLICATION FORM**

<b>FOR OFFICE USE</b>
Date received _____
Action _____

All information on this Volunteer Application Form, whether submitted online or in paper directly to Deer Lodge Centre will be entered to a website owned by Volgistics, Inc. and not Deer Lodge Centre or the Winnipeg Regional Health Authority (WRHA). Volgistics is a third party contracted to manage and store all information on volunteers collected by Deer Lodge Centre, including but not limited to: this application, personal information, volunteer assignments, service hours, awards, etc. Volgistics currently stores this information on servers located outside of Canada. This information will be subject to the laws of the country where it is kept. Deer Lodge Centre and the WRHA are not responsible for any lost or misdirected data or for any delays while data is being sent to or stored on the Volgistics website. Information about Volgistics' security features, privacy policies and terms of use can be found on its website at [www.volgistics.com](http://www.volgistics.com).

**Please Print**

Last Name: _____		First Name: _____	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. If other, please specify: _____			
First name generally used, if different from above: _____			
Home Address: _____			
City: _____		Postal Code: _____	
Home Phone: _____		Alternate Phone Number: _____	
Best time to contact you: _____			
E-mail address: _____			
Age: <input type="checkbox"/> 13-17			

**EDUCATION:**

Highest Level of Education Obtained:	_____
Name of School (if currently attending):	_____

Are you receiving credit for your volunteer work? Yes  No

**EMPLOYMENT HISTORY:**

Employed  Unemployed  Retired  Student  Other

Company Name/Employer	Your Job Title	From	To	Reason for Leaving

**VOLUNTEER EXPERIENCE:**

Organization	Your Title	From	To	Reason for Leaving


Have you ever applied to volunteer with this organization before? Yes  No

If yes, when? \_\_\_\_\_

**Please check the following areas you are interested in.**

- |                                     |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Nursing        | <input type="checkbox"/> Gift Shop  | <input type="checkbox"/> Friendly Visitor      |
| <input type="checkbox"/> Auxiliary  | <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Chad's Bar | <input type="checkbox"/> Other (specify) _____ |

**What skills and experience do you have to offer?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Valid Driver's License           | <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Computer Skills             |
| <input type="checkbox"/> CPR                              | <input type="checkbox"/> Creative Ideas               | <input type="checkbox"/> Photography                 |
| <input type="checkbox"/> Organizational Skills            | <input type="checkbox"/> Physio/OT Experience         | <input type="checkbox"/> Nursing                     |
| <input type="checkbox"/> Musical Ability                  | <input type="checkbox"/> Work well with people        | <input type="checkbox"/> Retail Experience           |
| <input type="checkbox"/> Physical strengths               | <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Experience with the elderly |
| <input type="checkbox"/> Communication Skills             | <input type="checkbox"/> Languages, spoken/read _____ |  |
| <input type="checkbox"/> Special Training (specify) _____ |   |  |
| <input type="checkbox"/> Other (specify) _____            |   |  |

**What is/are your reasons for volunteering?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academic credit       | <input type="checkbox"/> Help others                | <input type="checkbox"/> Practice English skills        |
| <input type="checkbox"/> Employment experience | <input type="checkbox"/> Improve health care        | <input type="checkbox"/> Referred by medical profession |
| <input type="checkbox"/> Explore careers       | <input type="checkbox"/> Social interaction         | <input type="checkbox"/> Stay active and involved       |
| <input type="checkbox"/> Increase self-esteem  | <input type="checkbox"/> Relative/friend volunteers | <input type="checkbox"/> Learn new skills               |
| <input type="checkbox"/> Other _____           |   |   |

**How did you find out about our volunteer program?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Physician             | <input type="checkbox"/> School                                | <input type="checkbox"/> Radio                         |
| <input type="checkbox"/> Community             | <input type="checkbox"/> Newspaper                             | <input type="checkbox"/> TV                            |
| <input type="checkbox"/> Volunteer             | <input type="checkbox"/> Volunteer centre                      | <input type="checkbox"/> Previously a patient          |
| <input type="checkbox"/> Poster/brochure/flyer | <input type="checkbox"/> Recruitment/Information Booth         | <input type="checkbox"/> Visited a patient             |
| <input type="checkbox"/> External sign         | <input type="checkbox"/> Relative/friend                       | <input type="checkbox"/> Employee of this organization |
| <input type="checkbox"/> Human resources Dept. | <input type="checkbox"/> Referral organization (specify) _____ |  |
| <input type="checkbox"/> Other (specify) _____ |  |  |

**Please check (•) the time periods you are available to volunteer?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

**Time Commitment**

- How long a commitment are you prepared to make?  3 months  6 months  1 year +
- How many times a week would you like to volunteer?  1 shift  2-3 shifts  4 or more
- Are you interested in volunteering for special projects/events?  Yes  No

Please note the times of the year you are not available to volunteer i.e. vacation \_\_\_\_\_

**Optional**

Please list any intellectual or physical disabilities or health problems which may affect your ability to perform as a volunteer and that you wish to have taken into consideration when determining a job placement.

**Who would you like us to contact in case of an emergency?**

Name: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

**References:**

Please list three current references – past or present employers, volunteer administrators, teachers, etc.

**We cannot accept family members or personal friends as references.**

Name	Organization	How do you know this person?	Phone #	Fax #
Example: James Smith	XYZ High School	Guidance Counsellor		

*I hereby authorize the Volunteer Services Department of the Deer Lodge Centre to contact the above named references to ascertain my suitability as a volunteer. I hereby release the Volunteer Services Department of the Deer Lodge Centre from all liability for any damage whatsoever for issuing same. I further authorize the Volunteer Services Department to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.*

**Disclaimer: Because we take our responsibility for patients and residents seriously, it is the policy of this organization to screen all prospective staff and volunteers. While we try to place every prospective volunteer, management reserves the right to reject applicants.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Consent Form

It is the policy of Deer Lodge Centre that individuals, 15 years of age or younger, wishing to become a volunteer, must have consent from his/her parent or guardian. Please ask your parent/guardian to sign below.

I have discussed the volunteer position, duties, responsibilities and schedule with

\_\_\_\_\_, and as a parent/guardian I give him/her my consent  
Applicant  
to volunteer at Deer Lodge Centre.

Signature

Date

Name (please print)

Relationship to applicant

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## Consent to Interview, Photograph or Videotape

On occasion, volunteers may be asked for a picture or interview to promote the public relations of Deer Lodge Centre or the Volunteer Services Department. If you are in agreement to this, please sign below.

I authorize the taking of photographs and/or videotape and/or being interviewed for the following:

- a) Educational purposes and/or formal presentation.
- b) News Media or Deer Lodge Centre publication.
- c) Website

Signed the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name (Please Print)

Signature

Parent/Guardian Signature  
(for applicant's under 17 years of age)

Relationship to applicant

