

Volunteer Application Form

Please complete all sections of this form. This form is part of the permanent volunteer file at Better Living. All volunteer files are confidential and are only available to authorized staff and/or volunteers.

Today's Date	Year:	Month:	Day:
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Please use: **CAPITAL LETTERS**

A: GENERAL INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:	Last Name:	
Address:		Unit #:	Date of Birth (DD/MM/YYYY) <i>*Optional:</i>
City/Town:	Postal Code:		Nearest Main Intersection:
Telephone (H):	Telephone (C):		Telephone (W)-(Optional):
Email:			Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail
How did you hear about Better Living?			
Have you ever been convicted of a criminal offence for which a pardon has not been granted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
B: PREVIOUS EXPERIENCE			
1) Have you ever volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please continue to question 2			
2)			
Organization	Position Held	From (MM/YY) – To (MM/YY)	
Please list any training, qualifications, or skills that may be beneficial to our organization (i.e. Public Speaking, Other Languages, etc.):			

C: AREA(S) OF INTEREST

Please rank your preference of which type of volunteering you would like to be involved with (i.e. 1st preference, 2nd preference, 3rd preference, etc).

Better Living:

- | | |
|---|---|
| <input type="checkbox"/> Bistro/Kitchen | <input type="checkbox"/> Security Check |
| <input type="checkbox"/> Meals on Wheels Runner | <input type="checkbox"/> Customer Service Shopper |
| <input type="checkbox"/> Meals on Wheels Driver | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Translator/Interpreter |
| <input type="checkbox"/> Program Assistant | <input type="checkbox"/> Van Escort |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Special Events/Fundraising |

Hospice:

- Visiting
 Complementary Therapy
 Support & Bereavement
 Support & Bereavement Group Facilitator

D: AVAILABILITY

Are you willing to commit to at least a 6 month term?

 Yes No

Please indicate the shifts that you are available to commit to :

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning 8am-12noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon 12noon-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening 5pm-9pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the frequency of shifts you are able to commit to:

 Weekly Bi-Weekly Monthly Other:**E: REFERENCES**

Please provide the names of three references we may contact. These references must be a combination of **personal (non-relative is preferred) and professional**. The references must have known you for over one year (i.e. employer/colleague, previous volunteer coordinator, friend, religious leader, etc).

1. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	
2. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	
3. Name:	Phone Number:	Contact During: <input type="checkbox"/> Day <input type="checkbox"/> Evening
Relation:	E-mail:	

F: Agreement

Thank you for your interest in Better Living. **Please read and note the following carefully before signing and dating:**

I understand that the main purpose of the information provided on this application form is to:

- Ensure the best possible safety and service of our clients, members, and staff
- Remain part of the permanent volunteer file at Better Living
- Be only available to authorized staff and volunteers if/when necessary
- Assist Better Living in completing its volunteer screening process

All of the information contained in this application is true and that the misrepresentation of any part of this application will be just and sufficient cause for termination of my volunteer placement.

I understand that I am not an employee of Better Living Health and Community Services and that any duties I perform are as a volunteer. I agree to abide by the procedures set forth by Better Living for my assigned work duties. I also understand that it is my responsibility to update any address, emergency, or other changes with the Volunteer Department.

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I understand that Better Living Health and Community Services reserves the right to accept or not accept volunteer applicants based on the match between the needs of Better Living, and the applicant's skills, interests, and availability. If I am accepted and placed as a Volunteer with a Better Living position(s) I am agreeing to:

- The time commitment and training requirements as outlined in the package provided
- Attend volunteer support and education sessions provided by Better Living
- Abide by the policies and procedures of Better Living
- Comply with Volunteer Services requirements and policies as outlined in the Volunteer Handbook
- Be punctual and carry out my duties to the best of my abilities
- Notify my supervisor of any necessary absence from my services as far in advance as possible
- Wear my ID badge at all times while volunteering at Better Living Health and Community Services
- Hold in strict confidence, any confidential medical, social, client, and financial information that I may come in contact with in my role as a volunteer
- I may be subject to complete a criminal background check at any point during my placement

I hereby release Better Living Health and Community Services, its staff, Board, donors, sponsors, and volunteers from all claims in respect to death, injury, loss or damage to my person or property arising from my participation in volunteer programs, classes, activities sponsored by Better Living or participation in activities for Better Living as an active volunteer, participant, or spectator.

I hereby give permission to Better Living Health and Community Services to contact current and previous employers to conduct reference checks. I understand that the information will be obtained and kept in strict confidence.
 I do not give permission to Better Living Health and Community Services to conduct reference checks with current or previous employers.

Signature of Applicant:	Date:
Signature of Parent/Guardian: <i>(if you are under 18 years of age)</i>	Date:
Name: <u>EMERGENCY CONTACT PERSON (mandatory)</u>	Phone number:
Relationship:	

G: OFFICE USE ONLY	
Comments:	
Placement Supervisor:	Signature:
Date:	

We will use the contact information you provide us to keep you up to date about new programs, special events, and other activities at Better Living Health and Community Services and Better Living Charitable Foundation. If you would like to be excluded from receiving this information we will document your preference on your record.

Thank you for your time and interest in Better Living. Please return completed application package to:

Better Living Health and Community Services
1 Overland Drive, North York, Ontario M3C 2C3
Phone: 416-447-7244 | Email: Volunteerservices@betterlivinghealth.org