

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) *Optional:
City/Town:	Postal Code:	Nearest Main Intersection:
Telephone (H):	Telephone (C):	*Optional Telephone (W):
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)
3) What School do you attend? _____ (Youth Volunteers only)		
4) Other Languages? _____		
*Used For Statistical Purposes Only		

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:

- Kitchen Assistant
- Meals on Wheels-Runner
- Meals on Wheels-Driver
- Receptionist
- Program Assistant
- Van Escort

- Program Leader
- Special Events/Fundraising
- Friendly Visiting
- Office Support

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"/>

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:	E-mail:
Relation:		
2. Name:	Phone Number:	E-mail:
Relation:		

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.

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:	

I understand Better Living will use the contact information provided to keep me 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. **Yes** **No**

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G: OFFICE USE ONLY	
Comments:	
Volunteer Services Representative:	Signature:
Date:	

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 Ext. 635 | Email: Volunteerservices@betterlivinghealth.org

Better Living at Thompson House

Program Assistant - To assist the Recreation staff with daily program activities within the home.

Front Desk Receptionist - Greet clients and visitors upon entering the center and to serve as a general inquiry station.

Friendly Visitor - To be carefully matched with a resident to provide companionship on a regular basis.

Meal Assistant - To assist the resident in having their meals.

Better Living Community Services

Office Assistant - Provide administrative assistance in the day-to-day functioning of the office.

Front Desk Receptionist - Greet members, visitor, volunteers and patrons upon entering the center and to serve as a general inquiry station.

Program/Activity Leader - To lead the implementation of special events or activities for the members of Better Living Centre (examples: computer class; bingo; fitness; art).

Recreation Assistant – To assist in implementing various recreation programs for seniors in the Adult Day Program.

Van Escort - To assist the Adult Day Program staff with transportation provided for the seniors.

Kitchen Assistant - To assist Food Services and Adult Day Program staff with the preparation and service of lunch to Adult Day Program Clients.

Bistro Assistant - To provide friendly, courteous service to customers and clients at the Better Bistro.

Meals on Wheels Driver or Runner - To deliver, as a team, hot meals, frozen meals, and/or food hampers to isolated seniors living independently in the community.

Friendly Visitor - To be carefully matched with a Client to provide companionship, in the Client's home, on a regular basis.

Hospice Care - To provide end-of-life care and companionship to Clients wishing to die at home. Hospice volunteers must complete a mandatory intensive training program and can assist Clients in a variety of ways:

Companionship volunteers are matched with a palliative care Client and visit with them on a regular basis.

Complementary Therapy, volunteers provide support and relief to individuals managing physical discomfort and pain related to their illness, and to Caregivers as a form of respite or to manage the physical manifestation of stress.

Bereavement volunteers provide anticipatory grief support to individuals whose loved ones are currently ill &/or provide bereavement support to those who have experienced the death of a loved one.

Better Living Charitable Foundation

Our Charitable Foundation focuses solely on providing support to the programs and services offered by Better Living Health and Community Services and Better Living at Thompson House.

Stroll, Roll & Run Relay – The community walk is an inclusive event offering opportunities for volunteers with Set up and Clean-up Crew, Stage Assistant, Walk Photographer, Tickets Sales and much more. Responsibilities range from controlling access at the event location and greeting and assisting walkers with the check-in/registration process, to encouraging patrons to participation and taking photographs of sponsors, walkers, volunteers and dignitaries at the event.

Golf Tournament – At this event we offer our volunteers a wide range of positions that entails greeting, interacting and assisting golfers with the check-in/registration process, collecting competitors' scorecards, taking photographs of sponsors, golfers and volunteers at event, or scheduling, overseeing room set-up and logistics in the auction room.