



Volunteer Application

Contact Information

Name	
Street Address	
City, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability (Circle all applicable)

During which hours are you available for volunteer assignments?

Number of Days per week: 1 2 3 4 5 mornings afternoons evenings
 Monday Tuesday Wednesday Thursday Friday Weekends No Preference

Languages Fluent Read Write

1

2

Physical Limitations / Mobility Devices

Yes No Please explain:

Interests

Tell us in which area(s) you are interested in volunteering:

BLUE WATER REST HOME

- Feeding Residents
- Horticulture – In-door Plant Care
- Mobility Bus Driver
- Resident Portering
- Reading / Games
- Snack/Drink Cart
- Special Events / Musical Entertainment
- Friendly Visitor
- Volunteer coordination

Other:

COMMUNITY CONNECTIONS OUTREACH SERVICES

- CHAP (Cardiovascular Health Awareness Program)
- Education (speaker, assistant)
- Events
- Fitness
- Meals on Wheels
- Nutritional Programs, Dining
- Trip Escort
- Trip Host / Hostess
- Wellness activities

Other:

Who/What brought you to West Huron Care Centre?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience, including any experience with elderly.

Organization: _____ Position/Major Responsibilities: _____ How long? _____

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Person to Notify in Case of Emergency

Name	
Street Address	
City, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

References (not to include family or friends, e.g.: co-worker, doctor, pastor, etc.)

Name (printed):	Name (printed):
Relationship:	Relationship:
Phone #	Phone #

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for your interest in the West Huron Care Centre



Oath of Confidentiality

Employee / Volunteer

I, _____ (print name) agree to keep all information given to me by and about Residents, Volunteers, and/or Staff of Blue Water Rest Home(BWRH), and/or Community Connections Outreach Services (CCOS) confidential.

Confidentiality of information is a professional and legal obligation of all staff, management and volunteers of BWRH and CCOS.

Confidential or privileged information has been given to us in good faith by residents, clients, families and guardians for the purpose of case management, program development and to increase our knowledge and awareness of the residents and clients we serve.

No information will be shared with anyone outside BWRH, CCOS and their Partner Organizations without the written approval of the concerned individual or his/her guardian by means of a *Release of Information Form*, except when issues of safety and protection are concerned or in question.

Anyone obtaining a *Release of Medical Information* must first ensure that the individual, or his/her guardian or advocate authorizing the release understands the nature and purpose of the information to whom the information is being released, and aware that this release can be terminated at any time.

All staff, management and volunteers must be aware that they are subject to legal action if they disclose confidential information outside the *Release of Medical Information* procedures. Staff, management and volunteers who breach the rules of confidentiality may be subject to disciplinary action as well.

Confidentiality as a policy of BWRH reflects our philosophy and belief that we respect the privacy, dignity and all other right of residents and or individuals we serve.

As an employee/management/volunteer of BWRH or CCOS, I have read and understand the Employee/Volunteer Oath of Confidentiality policy and procedures. I now promise to comply with this policy.

Signature of Employee/Volunteer

Date

Reviewed Annually

Employee/Volunteer Signature _____

Date _____

Employee/Volunteer Signature _____

Date _____

Employee/Volunteer Signature _____

Date _____

Employee/Volunteer Signature _____

Date _____

Employee/Volunteer Signature _____

Date _____