



VOLUNTEER APPLICATION

1679 Pembina Highway
Winnipeg, MB R3T 2G6
(204) 269-6308

Last Name		First Name		Date of Application	
Number	Street Name	City		Province	Postal Code
Home Phone			Cell Phone		
Email			Birth Date dd / mm / yyyy		

- All volunteers eighteen (18) years of age or older must provide a current criminal record check, adult abuse registry check and child abuse registry check.
- All volunteers sixteen (17) years of age and younger must have guardian consent.
- Minimum age requirement is fifteen (15) year of age.

EMERGENCY NOTIFICATION	
Name	Relationship
Primary Phone	Alternate Phone

HOW DID YOU HEAR ABOUT OUR VOLUNTEER OPPORTUNITIES?	STATUS
	Employed Student
	Unemployed Other
	Retired

REASONS FOR VOLUNTEERING		
Skill/Career Development	School/College/University Requirement	Other
Meet People	Enhance English Language Skills	
Give Back To Community	Family Ties to Golden Door	

COMMITMENT	AVAILABILITY
More than six months	Sunday
Less than six months	Monday
Undetermined	Tuesday
How many hours per week are you available?	Wednesday
	Thursday
	Friday
	Saturday

WHICH VOLUNTEERS POSITION(S) ARE YOU INTERESTED IN?

Meal Assistance	Entertainment	One-To-One Visits
Cards, Games	Bowling	Bingo
Pets	Baking	Crafts

PREVIOUS VOLUNTEER EXPERIENCE

Agency/Institution		From	To
Position			
Duties & Responsibilities			
Agency/Institution		From	To
Position			
Duties & Responsibilities			

REFERENCES

	1	2	3
Name			
Relationship			
Contact Number			

As a volunteer at Golden Door Geriatric Centre, I agree to the following (please check all):

To provide my time without remuneration.

To participate in training and orientation sessions when provided to help me in my volunteer work.

To uphold the mission, vision and values of Golden Door Geriatric Centre while on duty as a volunteer.

I agree to provide a current (within 6 months) criminal record check, adult abuse registry check and child abuse registry check, at my own expense, within 30 days of volunteering.

To maintain strict confidentiality of information pertaining to the residents, families, volunteers and staff of Golden Door Geriatric Centre.

I certify the foregoing information to be true and complete and understand that any misrepresentation or omission may result in my dismissal as a volunteer.

I hereby authorize Golden Door Geriatric Centre to contact the references that I have provided.

Date: