

VIRTUAL VOLUNTEER APPLICATION

Our Care Community is offering virtual or off-site volunteer opportunities. Please complete the below application. Thank you!

Name:

Date:

Phone (home):

Phone (other):

Email Address:

Date of Birth (year optional) Month/Day/Year:

Preferences in Volunteering:

(please indicate what types of volunteer work you are interested in)

1. Are you interested in virtually volunteering directly with residents?

Yes No

If No, please continue to question #4.

2. Are you interested in observing/supporting a variety of programs led by the Recreation Therapy Assistants via a virtual platform?

Yes No

If you selected yes, please check areas of interest:

- Bingo
- Trivia/Game Shows
- Rosary/Prayer Groups/Spiritual Programs
- Physical Exercise
- Socials
- Music
- Craft/Creative Programs
- One-to-One Visits
- Pet Therapy
- Intergenerational Programs
- Other (please identify):

3. Is your goal to develop and lead programs virtually in the future? Yes No

4. Do you wish to work indirectly with residents doing other types of work?

Yes No

If you selected yes, please check areas of interest:

- Celebration of Life PowerPoint Development & Support
- Monthly Newsletter for Residents
- Self-directed Activity Resources for Residents
- Essential Caregiver and Family Resources
- Program Development (PowerPoint, trivia programs, etc.)
- Writing Letters/Sharing Inspirational Notes
- Other (please identify):

5. What are your top three leisure interests?

- 1.
- 2.
- 3.

6. Is there anything else we should know/you want to share?

Availability:

7. Frequency with which you are available to volunteer (please check your preference):

- A few hours/week Daily 2x/week Weekly Bi-weekly Monthly

Days & Times Available:

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

Accommodations:

In accordance with the *Accessibility for Ontarians with Disabilities Act 2005*, upon request, support will be provided for accommodations throughout the recruitment process. Do you require an accommodation during the recruitment process? (ON)

- No Yes:

Reference Contact Information:

Please list two non-family member references that we might contact:

- | | |
|----------|---------------|
| A) Name: | Relationship: |
| Email: | Phone: |

B) Name:
Email:

Relationship:
Phone:

I, _____, give permission for the above references to be contacted.

YES NO

Date:

Volunteer Applicant's Signature:

Parental/Guardian Consent:

Parent or Guardian (signature required if student is under 16 years of age):

Parent or Guardian:

Parent or Guardian Telephone:

(Home):

(Work):

Address of Parent or Guardian:

Date

Signature of Parent or Guardian

Note: Typed name will indicate electronic signature.

Note: Opportunities using a virtual platform require volunteers to have internet, a computer, and access to virtual platforms. Admin opportunities require volunteers to have internet and a computer.