



United Way helping seniors remain independent.

VOLUNTEER APPLICATION

CRANBROOK

This information will help us to provide you with the best volunteer experience possible. Your personal information is kept confidential, and will not be released or sold to others.

Contact Information

Name	
Street Address	
City, Province, Postal Code	
Phone: Home	Work
Cell	Email
Do you text? Yes No Please mark your preferred means of communication with a star ★	
Date of Birth:	
Do you have any medical or legal concerns that might affect your ability to volunteer? If yes, please briefly outline here, or request a personal meeting to discuss.	
<i>Are you volunteering as part of a group, or with a partner, employer, family or friend(s)? If yes, please list name(s)</i>	

Availability

Please check all hours that you might generally be available for volunteer assignments. We understand that this will vary from time to time based on your work/school/life schedule.

Times available: I'd like to volunteer approximately _____ hours per week.

Weekdays: M T W T F (circle applicable) Time: _____

Weekend days: Sat Sun Time: _____

Evenings: M T W T F S S Time: _____

Are there any times of year when you know you won't be available (ie regularly scheduled holidays)?

Volunteer Interests

Please check off any volunteer roles you would like to explore	<input type="checkbox"/>	Friendly Visits	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Grocery Shopping
	<input type="checkbox"/>	Light Yard Work	<input type="checkbox"/>	Home Repairs	<input type="checkbox"/>	Snow Shoveling
	<input type="checkbox"/>	Odd Jobs/Errands	<input type="checkbox"/>	Social Gatherings	<input type="checkbox"/>	Fundraising
	<input type="checkbox"/>	Advocacy (forms, resources)	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Leadership (program/event development)
<input type="checkbox"/>		<input type="checkbox"/>	Fundraising	<input type="checkbox"/>		Administration

Special Skills, Qualifications & Interests

Please outline any relevant skills and qualifications you have acquired from schooling, employment, previous volunteer work, life experience, or through other activities. List hobbies, sports and any activities you like to share with others.

Previous Volunteer Experience

Please tell us about any other volunteering you do now, or have done in the past.

Volunteering Goals

What do you hope to gain from your volunteer experience? Anything else you'd like to tell us?

Emergency Contact

Name	
Street Address	
City, Province, Postal Code	
Phone: Home	Work
Cell	Email

Consent to Criminal Records Check (CRC)

Better at Home serves seniors, some of whom are considered at-risk and/or vulnerable. CRC's are required for any volunteers interacting with clients, or having access to private client information. CRC's can be completed online: there is no charge. If you agree, instructions will be provided. If there are any concerns to discuss, please feel free to call and arrange a private meeting.

- Yes, I am willing to apply for a CRC I'd prefer to discuss what can be done without a CRC

Confidentiality Agreement

Every person's private information is confidential. I understand that I may become aware of private information during the course of performing my duties as a volunteer for "Better at Home" and that I may not divulge or communicate this information at any time. I agree to respect the rights to confidentiality and privacy of all the people I come into contact with during my volunteer experiences. I have read this

Agreement and Signature

The information given in this application is true and complete. I have read, understand, and agree to the confidentiality agreement (above).

Signature	Date
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Equal Opportunity For All

Our Society provides equal opportunities for all applicants without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

