

# Alberni-Clayoquot Continuing Care Society Volunteer Application

**Fir Park Village**  
4411 Wallace Street  
PORT ALBERNI, BC V9Y 7Y5



**Echo Village**  
4200 10th Avenue  
PORT ALBERNI, BC V9Y 4X3

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

## **SKILLS & INTERESTS**

EDUCATIONAL BACKGROUND \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

HOBBIES/INTERESTS/SKILLS \_\_\_\_\_

PREVIOUS VOLUNTEER  
EXPERIENCE \_\_\_\_\_

## **IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN ? (CHECK ALL THAT APPLY)**

- Bus Outings into the Community     One on One Visitations     Music Programs  
 Working directly with a Staff person as an Assistant     Crafts  
 Other: \_\_\_\_\_

Why are you interested in Volunteering?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any health restrictions? \_\_\_\_\_

## **AVAILABILITY**

- Flexible     Prefer weekdays     Prefer weekends     Mornings  
 Afternoons     Other  
 Length of commitment:  
 3 months     6 months     Longer

How did you hear about us?

- Word of mouth       Referred by Friend / Volunteer       Resident of the Facility
- Advertisement       Family member

**PLEASE LIST NAME AND PHONE NUMBERS OF TWO PERSONAL REFERENCES THAT ARE NOT FAMILY MEMBERS:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**WHAT IS INVOLVED?**

Volunteers are to assist the Program Staff in Activities such as set up, decorating, walks, exercises, serving coffee, attending community events, appointments, visits.

Volunteers are restricted from transferring resident in/out of chairs; assisting with personal care and toileting needs. If these situations are encountered, please ask staff for assistance.

The privacy of residents' rooms is highly respected; therefore, we ask that you check with staff prior to entering a room.

In the event of job action, all volunteers will be asked to leave the facility.

The Program Staff will be glad to assist you in answering any questions. We welcome your suggestions.

I will abide by the policies and standards of the ACCCS.

**VOLUNTEER SIGNATURE** \_\_\_\_\_

**DIRECTOR OF PROGRAMMING & ADULT DAY SERVICES** \_\_\_\_\_

**DATE** \_\_\_\_\_

OFFICE USE ONLY			
INTERVIEW DATE			
DATE REFERENCES CHECKED	1.	2.	
CRIMINAL RECORD CHECK	DATE RECEIVED	FOLLOW-UP REQUIRED	
ORIENTATION GIVEN	DATE	AREAS	
START DATE			