



**Seniors Come  
Share Society**

# Volunteer Application Form

*Helping Seniors Since 1977*

## Purposes and Extent

Seniors Come Share Society is collecting and retaining information for the purpose of assessing the needs and resources of our programs, participants, you, the volunteer. The information on this application form is collected under the authority of the Personal Information and Privacy Act (PIPA) and will be used solely to determine eligibility and suitability for volunteer opportunities. Any medical information collected serves to authorize Seniors Come Share Society, its staff and volunteers, to obtain medical assistance in emergencies. If you have any questions, please call the Coordinator of Volunteers (604) 531-9400 extension 203.

## Personal Information

First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_ (YYYY-MM-DD)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

PH \_\_\_\_\_ Cell PH \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ (YYYY-MM-DD) Gender:  M  F  Prefer not to disclose

Preferred method of contact: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

PH \_\_\_\_\_ Cell PH \_\_\_\_\_ Email \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Do you consent to receive communications from Seniors Come Share Society?**  Yes  No

**Are you willing to attend pertinent Orientation/Training sessions & seminars?**  Yes  No

**Can you commit to volunteering for one year?**  Yes  No

### Languages spoken (check all that apply):

- English
- Punjabi
- Hindi
- French
- Mandarin
- Korean
- Japanese
- Tagalog
- Spanish
- Sto:lo/Halkomelem
- Sign language
- Other \_\_\_\_\_

### Skills (check any that apply):

- Administrative
- Interpersonal/Communication
- Technical (computers, etc.)
- Team-player
- Creative/artistic
- Time management
- Problem-solving/adaptability
- Leadership
- Wellness/Fitness
- Healthcare/medical
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Employment:**

- Retired
- Part-time
- Fulltime
- Seeking employment

**Occupation (current or past):**

\_\_\_\_\_

**What is your general availability?**

\_\_\_\_\_

\_\_\_\_\_

**Education, Certification & Training:**

- High School
- Some post-secondary
- Diploma \_\_\_\_\_
- Degree \_\_\_\_\_
- First Aid
- FOODSAFE
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**How would you describe yourself/personality?**

**What makes you interested in volunteering at Seniors Come Share Society?**

**Volunteer Opportunities to work with Seniors (check which areas you would like to apply for):**

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Friendly Visitor:</b> provide regular social visits.</li> <li><input type="checkbox"/> <b>Grocery Shopping:</b> provide supported shopping to those who find it difficult.</li> <li><input type="checkbox"/> <b>Community Meals:</b> help with our <i>Spice of Life</i> meals.</li> <li><input type="checkbox"/> <b>Telephone Tree:</b> provide reassurance phone calls.</li> <li><input type="checkbox"/> <b>Tech Buddies/Computer Instructor:</b> provide basic computer and/or technology lessons.</li> <li><input type="checkbox"/> <b>Share &amp; Care Social Club:</b> interact with others in a social setting.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Income Tax:</b> tax filing (e-file) for low income seniors.</li> <li><input type="checkbox"/> <b>Walking Club/Tai Chi:</b> coordinate Tai Chi schedule &amp; arrange set-up. Arrange for walks around local parks for seniors.</li> <li><input type="checkbox"/> <b>Caregiver Support:</b> provide a hospitable and comfortable environment for caregivers &amp; their loved ones.</li> <li><input type="checkbox"/> <b>Peer Support (PRO):</b> build a relationship that will assist other older adults in reaching their goals towards wellness and social connectedness.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Special Events:</b> help with event planning, decorating, assisting in set-up, clean-up, food and beverage service, welcoming, parking attendance &amp; more.</li> <li><input type="checkbox"/> <b>Senior Connector:</b> provide resources &amp; referrals for seniors &amp; families at various locations. May include helping to complete forms.</li> <li><input type="checkbox"/> <b>Calls Volunteer:</b> make weekly reminder, assurance &amp;/or follow-up calls for CSP programs.</li> <li><input type="checkbox"/> <b>Administrative:</b> includes a variety of administrative tasks.</li> </ul>
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**References:** Provide 2 references that you have known for more than 1 year below. Preferred references: those from work or volunteer-related positions, not relatives, close friends or healthcare professionals. References will be contacted to ensure consistency of information and fit for the position.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_  
 PH \_\_\_\_\_ Cell PH \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_  
 PH \_\_\_\_\_ Cell PH \_\_\_\_\_ Email \_\_\_\_\_

**Confidentiality Policy**

All information concerning clients, former clients, volunteers and staff are confidential. Confidential means that you are free to talk about Seniors Come Share Society (SCSS), about your program and your position, but you are not permitted to disclose names or talk about individuals in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The Board of Directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

Seniors Come Share Society expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Failure to maintain confidentiality may result in termination of your volunteer position. This policy is intended to protect you, as well as SCSS, because in extreme cases, violations of this policy may result in personal liability.

**Confidentiality Pledge**

I am aware that, during the course of my volunteer position with Seniors Come Share Society that I may come across confidential and personal information as a result of carrying out my responsibilities. I understand that this information is critical to the operations of SCSS and may not be distributed or used outside of the organization or with individuals not associated with SCSS. In the event of my termination, I hereby agree that I will not utilize or exploit this information for my own personal gain, or share it with any other individual.

***I have read this policy and will hereby conduct myself accordingly.***

Signature of **Applicant** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information & Declaration of Intent**

In order to decide my suitability for volunteering with this organization, I hereby give the Seniors Come Share Society (SCSS) consent to verify the information provided by me in this application form, contact the references listed herein to obtain and verify any information that SCSS determines to be relevant to my application.

I understand that in order to ensure the safety of SCSS clients, participants, students, volunteers and staff, I will be asked to complete a *Police Information Check, including a Vulnerable Sector Search* in addition to this application. I therefore agree to complete a PIC, at no cost to me, and have it returned to Seniors Come Share Society as soon as possible.

I understand that if SCSS approves my volunteer application and at any time later determines at its discretion that I am not suitable for volunteer service at SCSS or for the volunteer position for which I am applying, they may terminate my volunteer position for any reason without advance notice.

If SCSS approves my application for a volunteer position, I will sign any documents that the organization requires and will at all times cooperate fully with the organization in the fulfillment of my duties.

I will keep confidential all personal and other confidential information I encounter during my role as a volunteer. If at any time I determine that for any reason I am unable to support or adhere to or follow the policies or procedures of SCSS I will inform the organization and will resign my volunteer position.

***I hereby acknowledge that, to the best of my knowledge, the information contained in this application form is true and correct.***

Signature of **Applicant** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of **Witness** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in volunteering for Seniors Come Share Society!**