

GEM Health Care Group Volunteer Application Form

Name	
Address	
Home Phone / Cell Phone	
E-mail	

In the event of an emergency, who should we contact?

Name	
Home Phone	
Cell Phone	
Work Phone	
Relationship	

Work or Volunteer Experience:

Please enter your most recent work or volunteer experience:

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Preferred facility to volunteer with: (please circle)

- Glades Lodge
- Melville Gardens
- White Hills
- Melville Lodge
- Melville Heights

Type of preferred volunteer role: (please circle)

- One-on-one
- Assisting with groups
- Outings
- Special Events
- Other: _____

Do you have any **special talents** you would like to share with the residents (ie. playing instruments, singing, crafts, story telling, jokes, painting)?

Do you have any **health concerns** that could affect your ability to perform volunteer duties?

- No
- Yes (specify) _____

Availability: Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

As part of our screening process, those over 18 years of age will be asked to complete a: Criminal Records Check & Vulnerable Sector Search

Those under 18 years of age will be asked to complete a: Parental Consent Form

References: Please give us the names and telephone numbers of two people (not relatives), that can provide a reference for you.

Name: _____ Phone: _____
Relationship: _____

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