

## Volunteer Application Form

Name: Click or tap here to enter text.

Address Click or tap here to enter text.

City: Click or tap here to enter text.

Prov: Click or tap here to enter text. Postal Code :Click or tap here to enter text.

Telephone: ( home)Click or tap here to enter text. (cell) Click or tap here to enter text.

Date of Birth ( optional) Click or tap to enter a date.

Email Click or tap here to enter text.

Preferred Method of Contact:  phone  email

Emergency Contact Name:Click or tap here to enter text. Relationship Click or tap here to enter text.

Telephone Click or tap here to enter text.

Education  Currently attending High School  High School  Post Secondary

Employed Full Time  Employed Part Time  Retired

Do you have experience working or volunteers in long term care Click or tap here to enter text.

Previous Volunteer Experience and Roles Click or tap here to enter text.

Time Available to Volunteer ( please select what is most convenient for you to be scheduled)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please check the areas of volunteer service you are most interested in:

Life Enhancement Programs \_\_\_\_\_ ( please specify )

Resident Escort

Visitations

Clerical/office support

Library Cart

Chapel /Church Service

Other (Special Interest) \_\_\_\_\_

**Commitment you are able to offer :**

Less than 6 months  6 months to 1 year  1 year or more

Are you applying for volunteer experience to fulfill credit for school ( high school or post secondary)

Please return to: Samaritan Place 375 Cornish Road, Saskatoon, SK S7T 0P3 or [treihl@samaritanplace.ca](mailto:treihl@samaritanplace.ca) You will be contacted for an interview after review of application.

## How did you hear about the volunteer Program at Samaritan Place?

- Display                       Friend/Relative                       School  
 Poster/Flyer                       Another Volunteer                       Internet  
 Called / Dropped In                       Volunteer Center                       Church bulletin

Do you have any special skills, interests or hobbies? [Click or tap here to enter text.](#)

## References ( please provide us with the names of 2 persons who would be able to tell us a little more about you.

Name [Click or tap here to enter text.](#) Relationship [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

Name [Click or tap here to enter text.](#) Relationship [Click or tap here to enter text.](#)

Phone [Click or tap here to enter text.](#)

## Applicants under the age of majority must have parent/guardian fill out the following:

- I am aware of and support my child/legal dependant's decision to volunteer at Samaritan Place.

Name [Click or tap here to enter text.](#) Relationship [Click or tap here to enter text.](#)

Telephone [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Parent/Guardian Signature

[Click or tap here to enter text.](#)

Date

- By checking this box, I certify that the information in this form is correct and complete. I understand that I will be required to provide a Criminal Record Check and participate in an orientation prior to commencing volunteering.

[Click or tap here to enter text.](#)

Applicant Signature

[Click or tap here to enter text.](#)

Date

### For office use:

- CRC                                               Reference Check  
 Orientation                                       Hand Hygiene  
 Confidentiality                                       Activity Pro

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