

**MEADOWOOD MANOR
VOLUNTEER INFORMATION FORM**

Last Name	First Name (Given Name)	Preferred Name
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Contact Information		
Street Address	City	Postal Code
Phone (home)	Phone (cell)	When is the best time to contact you?
e-mail address		

Are you over 18 years of age? Yes No

Current Occupation: _____ or:

Student Retired Unemployed Stay at home Parent Other

Volunteered/worked at Meadowood in the past? Worked Volunteered When? _____

Education and Experience

Work/Volunteer Experience (list most recent first)

1. _____

Dates worked	Company/organization	Contact Name	Phone Number
<i>List duties/skills learned:</i>			

2. _____

Dates worked	Company/organization	Contact Name	Phone Number
<i>List duties/skills learned:</i>			

EDUCATION

Highest Level of Education Completed: _____

_____	_____	<i>Currently attending</i> _____
School/Institution	Date Completed	Primary field of study

Other Education/Training/Certificates:

Membership(s) in Associations/Clubs:

List any other skills/life experience that you feel relates to this position: (e.g. providing care for aging family member):

How did you learn about this volunteer opportunity? _____

Reasons for Volunteering: _____ **Work experience placement**

Skills, Interest, Hobbies: _____

Type of Volunteer Work Desired: _____

AVAILABILITY

Any time or indicate what time you are available for each day on the chart below

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Evenings							

How many hours/days would you like to volunteer? Minimum _____ Maximum _____

Are you looking for:

Regular volunteer hours (e.g. every Wednesday)

Casual volunteer hours (on an as needed basis)

Special event only: (specify) _____

Seasonal or term: (specify) _____

When are you available to start? _____

REFERENCES (Please provide at least two)

Contact Name	Phone Number	Alternate Phone	Relationship (e.g. supervisor, coach, teacher)
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I hereby certify that, to the best of my knowledge, the information given above is true and complete. I hereby consent to Meadowood Manor verifying all information given and obtaining information from the sources listed in this application.

I give consent for Meadowood Manor to contact the persons listed above for the purposes of obtaining a reference for volunteering.

Date: _____

Signature: _____

Please be aware that we require a clear criminal record check for all volunteers prior to their first shift.

For Office Use Only			
Application Approved:	Yes	No	If no, reason
Start Date:			
Hours Scheduled:			
Criminal Record Date:			
Volunteer Area:			



Pledge of Confidentiality

I, the undersigned, have read and understand the content of the Meadowood Manor policy on confidentiality. I have been given access to a copy of the Personal Health Information Act (PHIA) and understand my obligations under this act. I also acknowledge that I am aware of and understand the policies of Meadowood Manor regarding the security of personal health information including the policies relating to the collection, use, disclosure, storage, and destruction of personal health information.

In consideration of my employment or association with Meadowood Manor, and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge, and undertake that I will not at any time during my employment or association, divulge to any person(s) within or outside Meadowood Manor, any confidential information. Confidential information shall be construed to include private information concerning either residents, staff, or the business of Meadowood Manor which may come to my knowledge or attention in the course of my employment/association and which I shall not be required to communicate or divulge in the course of my duties or responsibilities and in accordance with Meadowood Manor policy regarding proper release of the information.

I also understand that unauthorized disclosure of such information may result in immediate termination of my employment/contract/association.

Please print name

Date Signed

Signature

Title

Witness