

Bethany Lodge ~ Christian Care for Seniors

23 Second Street Unionville, Ontario L2R 2C2 Tel: (905) 477-3838 Fax: (905) 477-2888
www.bethanylodge.org

Student Volunteer Application

Date: _____

Name: _____ Phone: (Home) _____
(Last) (First)

E-mail: _____ (Cell) _____

Address: _____

City: _____ Postal Code: _____

Grade: _____ Number of hours to be done: _____

School: _____ Phone: _____

Emergency Contact

Name: _____ Phone (H) _____

Relationship: _____ (W) _____

How did you find out about Bethany: _____

Reasons for Volunteering: _____

Do you have any medical conditions that Bethany should be aware of?

Special Skills: (Hobbies, Skills, Interests, Second Languages, Etc.) _____

After completing this application & getting 2 references, contact the volunteer coordinator to set up an orientation and placement appointment.

Appointment booked for: _____ (Date) _____ (Time)

Remember to have your 2 reference letters with this application to the volunteer coordinator either by delivery, fax or mail before you may start volunteering.

(Reference forms can be picked up from Bethany or downloaded from the website.)

For official Bethany use

Orientation & Placement

Completed Orientation: _____ With: _____

Placement at Bethany

Options:

- | | | | |
|-----------------------------|-------------------|-----|---------------|
| 1. Weekday evenings | 3:30pm – 5:00 pm | ___ | Day(s): _____ |
| 2. Saturday Activity | 9:30am – 11:30 pm | ___ | |
| 3. Saturday Noon Meal | 11:30am – 1:30 pm | ___ | |
| 4. Saturday Friendly Visits | 1:30pm – 3:30 pm | ___ | |
| 5. Special options | _____ | ___ | |

Assignment(s): _____

Start Date: _____ Length of Placement: _____

Forms completed

2 References: _____

Completed Student Orientation Program: _____

Facility Tour : _____

Signed Confidentiality Agreement: _____

Received the residents bill of rights: _____

Received resident abuse and rights policy: _____

Notes: _____

