

**Bethany Lodge ~ Christian Care for Seniors**

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

## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Phone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(optional)

### 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 ?  
\_\_\_\_\_

Carrier/Education: \_\_\_\_\_  
\_\_\_\_\_

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

*After completing the application contact the volunteer coordinator to set up  
an orientation and placement appointment.*

Appointment booked for: \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

***For official use only***

**Orientation & Placement**

***Placement at Bethany***

Day(s): Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Time(s): \_\_\_\_\_ Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_ Length of Placement: \_\_\_\_\_

**Assignment(s):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arts and Crafts    | <input type="checkbox"/> Outdoor walks                                 | <input type="checkbox"/> Reading        |
| <input type="checkbox"/> Letter Writing     | <input type="checkbox"/> Friendly visits                               | <input type="checkbox"/> Day Trips      |
| <input type="checkbox"/> Active games       | <input type="checkbox"/> Table games                                   | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Religious programs | <input type="checkbox"/> Tea Carts                                     | <input type="checkbox"/> Hymn sings     |
| <input type="checkbox"/> Playing piano      | <input type="checkbox"/> Escort resident to an appointment- Car: _____ |   |
| <input type="checkbox"/> Feeding            | <input type="checkbox"/> Assisting residents to programs               |   |
| <input type="checkbox"/> Office help        | <input type="checkbox"/> Helping with housekeeping department          |   |
| <input type="checkbox"/> Tuck shop          | <input type="checkbox"/> Running program _____                         |   |
| <input type="checkbox"/> Organizing events  |  |   |

Other (specify) \_\_\_\_\_

Completed Orientation Program: \_\_\_\_\_

Facility Tour : \_\_\_\_\_

Signed criminal check release form (with HR): \_\_\_\_\_

Bethany received criminal check: \_\_\_\_\_

Signed Confidentiality Agreement: \_\_\_\_\_

Received the residents bill of rights: \_\_\_\_\_

Received resident abuse and rights policy: \_\_\_\_\_

Additional Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_