

# Volunteer Application - Adult

## Millennium Pavilion



### Contact/General Information

Name		
Street Address		
City		Postal Code
Home Phone		
Work Phone		
Cell Phone		
E-Mail Address		
Birthday (DD/MM/YY)		

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

- Clerical/Office Work       Therapeutics Portering  
 Recreational Activities       Food Services/Dietary  
 Church Services/Portering       Housekeeping/Laundry  
 Out-trips/Shopping       Special Events  
 Crafts with Residents       Community Bingos (fundraising)  
 General Visitation       Casino (fundraising)  
 Pastoral Care       Other (please elaborate)

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Include languages spoken.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name		
Home Phone		Cell Phone

### Agreement and Signature

I agree to abide by St. Michael's Health Group's Rules and Regulations and to keep all information confidential. **I understand that a background/police check is required** prior to commencing volunteer work. I know of no medical reason why I cannot volunteer for this organization.

Name (print)		
Signature		Date

### Reference Authorization

I authorize St. Michael's Health Group to obtain character reference information from the persons listed below under the assurance that the information provided will remain completely confidential.

Name (print)		
Signature		Date

<b>Reference #1 Name</b>		
Home Phone		Cell Phone
Relationship		
<b>Reference #2 Name</b>		
Home Phone		Cell Phone
Relationship		

### Consent, Authorization & Release

I hereby give my consent to St. Michael's Health Group to photograph, videotape or record me and/or my participation in their program activities and/or event. I transfer and release ownership of all such material to St. Michael's Health Group as their exclusive property and as their copyright material to use as they see fit. I understand and agree that I will not ever receive any compensation for the use of such images and/or materials.

Name (print)		
Signature		Date