



Volunteer Application Form

At Fairview Seniors Community, we seek to nurture the mind, body and spirit of residents through a culture of kindness, building 'a community for all'. We are a charitable, non-profit, faith-based, accredited (CARF 2018) organization comprised of 214 independent living apartments and condominiums, 46 retirement residential suites with assisted living services and an 84-bed long-term care home.

Office Use Only		
<input type="checkbox"/> Regular	Start Date:	_____
<input type="checkbox"/> Student	Position:	_____
<input type="checkbox"/> Placement	Day/Time/Hours:	_____
<input type="checkbox"/> Staff		
Key Tag <input type="checkbox"/>	MSCS <input type="checkbox"/>	Excel <input type="checkbox"/>

Date: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Tel: _____

Email: _____

Spoken Language(s): _____

Emergency Contact: _____ Tel: _____

Relationship to you: _____

Where did you hear about Fairview? _____

Previous Volunteer Experience: _____

If you require accommodations throughout the recruitment, selection and assessment process, per the Accessibility for Ontarians with Disabilities Act 2005, please connect with the Volunteer Coordinator. Fairview Seniors Community will be pleased to support you.

I am able to volunteer (specify times if necessary):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Length of Volunteer Commitment: _____

References (do not use close relatives):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Tel: _____	Tel: _____

Volunteer Opportunities: (Opportunities may exist in LTC, Retirement or Centre)

- | | |
|--|---|
| <input type="checkbox"/> Walking with residents | <input type="checkbox"/> Feeding assistant |
| <input type="checkbox"/> Reading to residents | <input type="checkbox"/> Special events assistant |
| <input type="checkbox"/> Activities assistant | <input type="checkbox"/> Music |
| <input type="checkbox"/> Special outings assistant | <input type="checkbox"/> Café |
| <input type="checkbox"/> Portering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Visiting with residents | |

What type of work are you interested in doing? Check all that apply:

- One-to-one with single resident
- One-to-one with more than one resident
- Working in a small group setting leading a program
- Working in a small group setting assisting a staff leader
- Other interests: _____

Special skills, training, interests, or hobbies:

Birthdate (dd/mm/yyyy): _____

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