

Completed form can be left at 1212 Osler Street or emailed to Meghan Ritchie @ [mritchie@luthercare.com](mailto:mritchie@luthercare.com)



## Volunteer Application - Luther Special Care Home

Name	
Address (including postal code)	
Email	Phone number
Person to contact in case of emergency	
Phone number	
<b>Students</b>	
What school do you attend?	Grade/Program/Year
What is your course of study?	
Is this Volunteer work a requirement for a course? If yes, how many hours are required? When is the completion date for the hours?	
<b>Background Information</b>	
Have you previously volunteered for other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name the organizations.	
Do you have any experience working with the elderly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Do you have any experience working with individuals who have dementia? (e.g., Alzheimer's Disease) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Do you have special skills, experience, or training in any areas? (e.g., computers, music, art, languages, communication) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
<b>Volunteer Program Information</b>	
How did you become aware of the volunteer program at LutherCare Communities?	
What interests you about volunteer work?	

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<b>Programs</b>							
Indicate those programs that are of interest to you.							
Recreation	<input type="checkbox"/> Group Programming	<input type="checkbox"/> 1:1 Visits	<input type="checkbox"/> Musical Performer				
	<input type="checkbox"/> Community Day Programs	<input type="checkbox"/> Community Outings	<input type="checkbox"/> Gardening				
Care	<input type="checkbox"/> Assisting residents with meals						
Spiritual Care	<input type="checkbox"/> Chapel Assistant			<input type="checkbox"/> Pianist/Organist			
Physiotherapy	<input type="checkbox"/> Walking Program						
<b>Time Preferred</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
<i>Note: How often you volunteer is up to you. We require at least 4 hrs per month.</i>							
<b>References</b>							
List two references whom we may contact regarding your character and ability. Include one "professional" reference (e.g., teacher, employer) and one friend, if possible. Do not use relatives.							
Name				Name			
Address				Address			
Phone number				Phone number			
Email				Email			
How long have you known this person and in what capacity?				How long have you known this person and in what capacity?			
Signature						Date	

My child, _____, has my permission to serve as a volunteer at Luther Special Care Home  _____ <i>Signature(s) of one or both parents/guardians of children 14 and under</i>	Date
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