



VOLUNTEER APPLICATION FORM

Date: _____

- Mr. Ms.
 Mrs.

Name: _____

Address: _____

Telephone: (home) _____ (business) _____ (cell) _____

Best time to call: _____

Email Address: _____

A Police Records Check is required for all new volunteers 18 and over. Documents provided.

Please describe why you would like to volunteer at Park Lane Terrace.

Describe any skills, hobbies, musical talents or interests you may have.

Describe any work, volunteer or educational experience that may be relevant.

Where did you hear about the Volunteer Program at Park Lane Terrace?



Volunteer Reference Release

In the interest of client safety and to facilitate appropriate volunteer placements all volunteers are required to submit a minimum of two references.

I, _____ authorize Park Lane Terrace to contact the following people to provide any relevant information they may have concerning my suitability as a volunteer. **(Not for youth under 13 years old)**

Name of Contact Person: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____

Name of Contact Person: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____



Emergency Contact Information

It is important that accurate records are kept for use in the event of an emergency. Please provide us with emergency contact name and daytime phone number.

Contact Person: _____

Relationship: _____

Address: _____

Telephone: (home) _____ (business) _____ (cell) _____

Based on the volunteer position and duties, would you like to identify any health conditions or allergies, i.e. bee stings that could assist staff in responding to a personal health emergency or to protect your safety and/or the safety of others?

Photographic Release

I hereby give my permission to Park Lane Terrace for the use of my picture, taken by staff employed by Park Lane Terrace, in any promotional material including, advertising, brochures, publications, video and others.

I waive the right to any fee or compensation for the photographic reproduction of the photographs in any medium.

Signature: _____ Date: _____

Promise of Confidentiality

I, _____ acknowledge that I am aware that some of the information that I will handle or have access to in the course of my work as a volunteer is confidential. I further acknowledge that some or all of the information that relates to clients, employees or members of the public is confidential under law, and is required to be kept confidential to protect the privacy of individuals to which the information relates.

Signature: _____ Date: _____



VOLUNTEER AGREEMENT/RELEASE AND WAIVER FORM

Please read the following very carefully as it affects your legal rights.

I, _____, in participating with volunteer activities with Park Lane Terrace beginning on _____ fully understand and agree to the following:

1. I will ***not*** be participating in volunteer activities in the capacity of an employee of Park Lane Terrace.
2. No pay, payment or employee benefits (such as insurance coverage) whatsoever will be paid to me and I will not be covered by Workplace Insurance Safety Board.
3. I will abide by all applicable policies and rules, as may be amended from time to time, and will follow all instructions of the appropriate management staff in carrying out my volunteer activities.
4. I will not use facilities, equipment and property without the approval of a staff.
5. I will not use facilities, equipment and property for personal purposes.
6. I will immediately notify the appropriate supervisor of any incident that involves property damage or personal injury during my volunteer duties.
7. Either Park Lane Terrace or myself may terminate my volunteer duties at any time.

By signing this form I acknowledge that I have read, agree to, and understood the conditions of the volunteer release/waiver.

Signature: _____ Date: _____

Volunteer Coordinator: _____