



Volunteer Application and Record Form

Community Care Northumberland is committed to protecting the privacy of the personal information we collect. At times, we may publish your name, image and role in our publications, and may send you information about our activities. I give my consent to receive regularly scheduled communication from CCN and understand that I may revoke this consent at any time. If you do not wish your name, image or role to be published through various media, please contact our administration office at 1-866-514-5774. If you have any questions about our privacy policy, or would like a copy of the complete privacy policy, please contact the Chief Executive Officer at 1-866-514-5774 or email admin@commcare.ca.

The information gathered on this form will be used internally to determine the most suitable position available for you and when you have been accepted as a volunteer, will be entered in our agency data base. Completing this application does not guarantee that you will be accepted as a volunteer. CCN has the right to verify all information provided on this application form. An applicant whom knowingly misrepresents themselves on this form will not be offered a volunteer position.

I understand that I am required to provide a satisfactory Police Vulnerable Sector Check by my local police service prior to being accepted as a volunteer. I further understand that I must commit to a 30-hour Hospice Palliative Care Ontario volunteer training program if I am applying to provide hospice/bereavement client service and/or service within Ed's House, Northumberland Hospice Care Centre.

Please initial that you have read, understand and agree to the above _____

Date of Application: _____

Name: _____

Address: _____

Phone (H): _____ (C): _____

Work Phone (optional) _____ May we contact you at work? yes no

Email: _____

I would like to receive the bi-weekly CCN electronic newsletter at the above email address, and any other email notifications as deemed appropriate by staff. I understand I may revoke consent at any time.

yes no (PLEASE INITIAL) _____

Please tell us how you came to know about our agency:



Date of Birth: _____ (month/day/year)

(Please check all that apply)

I am interested in providing client service support:

- Palliative Bereavement Respite/Caregiver Support Friendly Visiting
- Transportation Meals on Wheels Community Diners Telephone Security Checks
- Home Help and Home Maintenance (brokered worker) PDA Installation

I am interested in the following non-client service volunteer roles:

- Office/Administrative Help Special Events Fund Raising
- Board/Advisory Committee Member Outreach and Awareness
- Other _____

I am interested in joining the Community Care team because:

Do you have any health limitations that would affect the service you can provide? yes no

If yes, please outline limitations (i.e. unable to lift etc.): _____

Person to contact in case of emergency: _____

Relationship: _____ Contact number: _____

I have these skills and experience to share:

a) Professional (employment and volunteer)

b) Personal (interests, special skills)



Please provide 2 references [one professional and one personal (not a relative)]

References:

Name: _____

Contact Phone #: _____

Email Address: _____

Relationship: _____

Name: _____

Contact Phone #: _____

Email Address: _____

Relationship: _____

I give permission for staff to contact the above references in confidence.

Signature: _____ Date: _____