



Thank-you for your interest in becoming a volunteer with Arnprior-Braeside-McNab Seniors at Home Program Inc. Volunteers are an integral part of our service, helping to provide those services that allow seniors and adults with disabilities to age well at home, in their own communities, which is where they tell us they want to be. We have many volunteer opportunities within our agency for you to choose from.

Our volunteer process consists of four parts:

- Application
- Vulnerable Sector Search
- Interview
- Reference checks

Once we receive your application and vulnerable sector search, we will review it and then contact you to further discuss our opportunities with you. If it is mutually agreed that this is the place for you to volunteer, an interview will be scheduled followed by the reference.

Thank-you once again for your interest in volunteering with Arnprior-Braeside-McNab Seniors at Home Program Inc. - we look forward to receiving your application.

#### **MISSION STATEMENT**

Arnprior-Braeside-McNab Seniors At Home Program Inc. Is a non-profit charitable organization assisting and cooperating with other agencies in the administration and delivery of client centered community support services to encourage independent living and enhance the quality of life of seniors and individuals with special needs.



**APPLICATION FOR VOLUNTEER SERVICE/SERVICE ARRANGEMENT WORK**

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Email Address \_\_\_\_\_  
\_\_\_\_\_

Town/Township \_\_\_\_\_

Preferred form of communication: Home Phone ☐ Cell Phone ☐ Email ☐

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ABOUT YOU:**

Why do you want to volunteer with us?

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Volunteer Experience/Community Involvement

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Skills/Hobbies/Interests/Activities willing to share:

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Do you have any special needs to take into consideration when selecting a suitable volunteer position? (Lifting, allergies, medical conditions)

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**To be completed if applying for Volunteer Positions**

*Please indicate which activities are of interest to you:*

- |  |  |  |
|--|--|--|
| Volunteer driving <input type="checkbox"/>     | Telephone security <input type="checkbox"/>  | Admin/Office <input type="checkbox"/>            |
| Special Events <input type="checkbox"/>        | Friendly Visiting <input type="checkbox"/>   | Grocery Delivery <input type="checkbox"/>        |
| Meals on Wheels <input type="checkbox"/>       | Income tax preparer <input type="checkbox"/> | Income tax receptionist <input type="checkbox"/> |
| Musical Entertainment <input type="checkbox"/> | Board Governance <input type="checkbox"/>    | Committee work <input type="checkbox"/>          |

Other: \_\_\_\_\_

**To be completed if applying for Home Maintenance Service Arrangement Work**

*Please indicate which services you are interested in providing:*

- |  |   |
|--|---|
| <input type="checkbox"/> Lawn Cutting      | <input type="checkbox"/> House Cleaning               |
| <input type="checkbox"/> Painting          | <input type="checkbox"/> Gardening/Weeding            |
| <input type="checkbox"/> Raking Leaves     | <input type="checkbox"/> Window Cleaning              |
| <input type="checkbox"/> Carpentry/Repairs | <input type="checkbox"/> Laundry                      |
| <input type="checkbox"/> Snow Shovelling   | <input type="checkbox"/> Other (please specify) _____ |

**AVAILABILITY**

Mornings ☐ Afternoons ☐ Evenings ☐ Weekends ☐

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

**EMPLOYMENT HISTORY (Last 5 years)**

Employer	Location	Start	Finish

**REFERENCES:**

Please list three (3) references who are not related to you by blood or marriage and who can verify your past volunteer/work experience.

Name	Phone	Email address

**Authorization for collection of personal information:**

I authorize Arnprior-Braeside-McNab Seniors at Home Program Inc. to collect personal information appropriate to the position applied for concerning my employment history, volunteer experience, driving records (for volunteer drivers) and to verify the character references that I have supplied. I understand that the information obtained will be confidential. I hereby certify that the above information is true to the best of my knowledge. I agree to keep Arnprior-Braeside-McNab Seniors at Home Program Inc. informed if any of the above information changes at any time. I understand that any wilful falsification of information may result in termination of my volunteer or home maintenance assignment.

**Volunteer Statement of Confidentiality**

I agree to hold as confidential and will not disclose or release to any person or agency at any time, except where required by law, any information or document that tends to identify anyone receiving services from Arnprior-Braeside-McNab Seniors at Home Program Inc. without the written consent of the individual or their guardian prior to the release of disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer/home maintenance position.

**To ensure the safety of vulnerable clientele:**

I understand that a Vulnerable Sector Search conducted by the Ontario Provincial Police is a requirement to volunteer with Arnprior-Braeside-McNab Seniors at Home Program Inc. This includes a search of the pardoned sexual offender database and will be completed by the local O.P.P. detachment.

**Liability Release:**

In consideration of all Community Support Services provided by Arnprior-Braeside-McNab Seniors at Home Program Inc., I for myself, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge Arnprior-Braeside-McNab Seniors at Home Program Inc., employees, board of directors and volunteers from all claims, demands, damages, costs in respect to injury, death, loss or damage to my person or property, however caused arising out of services provided by Arnprior-Braeside-McNab Seniors at Home Program Inc. and notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the aforesaid.

**Notice and Consent:**

I acknowledge having read, understood, and agree to the above statements within this document.

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Applicants Signature

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Staff Signature

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Date

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Date

**We thank you for your interest in our Community Support Agency and for your application.**

**Our Philosophy**

The concept of maintaining quality of life is key to Home Support. The aim is to enable those who are served to maintain maximum independence, hence enhancing their ability to live independently in their own homes for as long as possible. Their own home is a place of comfort and security, an expression of their personalities, a place of memories, a reassurance as to their place in the world and becomes a crucial aspect in continuing their quality of life.

**Please tell us how you heard about us:**

☐ Family/Friend   ☐ Staff   ☐ Volunteer   ☐ Client   ☐ Newspaper   ☐ Poster   ☐ Radio

☐ Social Media   ☐ Website   ☐ Other (specify): \_\_\_\_\_